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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

Planned Parenthood of  
Greater Ohio, et al.,

Plaintiffs,

vs. Case No. 1:16-cv-539

Richard Hodges, et al.,

Defendants.

DEPOSITION

of 30(b)(6) witnesses Jerry Lawson and Lee Bower,  
taken before me, Valerie J. Grubaugh, Registered  
Merit Reporter, and a Notary Public in and for the  
State of Ohio, at the offices of Gerhardstein &  
Branch, 441 Vine Street, Suite 3400, Cincinnati,  
Ohio, on Wednesday, July 6th, 2016, at 9:00 a.m.

ARMSTRONG & OKEY, INC.  
222 East Town Street, Second Floor  
Columbus, Ohio 43215-4620  
(614) 224-9481 - (800) 223-9481  
FAX - (614) 224-5724

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APPEARANCES:

Gerhardstein & Branch  
By Jennifer L. Branch, Esq  
441 Vine Street, Suite 3400  
Cincinnati, Ohio 45202  
Jbranch@gbfirm.com  
Wilmer, Cutler, Pickering, Hale  
and Dorr, LLP  
Alan E. Schoenfeld, Esq  
John Sprangers, Esq  
7 World Trade Center  
250 Greenwich Street  
New York, New York 10007  
Alan.schoenfeld@wilmerhale.com

On behalf of the Plaintiffs

Michael DeWine, Esq  
Ohio Attorney General  
By Ryan L. Richardson, Esq  
Tiffany L. Carwile, Esq  
Constitutional Offices Section  
30 East Broad Street, 16th Floor  
Columbus, Ohio 43215  
ryan.richardson@ohioattorneygeneral.gov  
tiffany.carwile@ohioattorneygeneral.gov

On behalf of the Defendants

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Wednesday Morning Session,  
July 6th, 2016.

STIPULATIONS

It is stipulated by and between counsel  
for the respective parties that the deposition of  
30(b)(6) witnesses Jerry Lawson and Lee Bower, called  
by the Defendants under the applicable Rules of Civil  
Procedure, may be reduced to writing in stenotype by  
the Notary, whose notes thereafter may be transcribed  
out of the presence of the witnesses; and that proof  
of the official character and qualification of the  
Notary is waived.

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1 Jerry Lawson,  
2 being by me first duly sworn, as hereinafter  
3 certified, deposes and says as follows:

## EXAMINATION

4  
5 By Ms. Richardson:

6 Q. Good morning, Mr. Lawson.

7 A. Good morning.

8 Q. We met off the record just a few moments  
9 ago, but for the record my name is Ryan Richardson,  
10 and I work at the Ohio Attorney General's office, and  
11 I'm here on behalf of the Defendant in this case, the  
12 Department of Health. Have you ever been deposed  
13 before today?

14 A. Once for ten minutes.

15 Q. Okay.

16 A. Years ago in the '80s.

17 Q. Today might last a little longer than  
18 ten minutes, but we'll try to keep it as short as  
19 possible. I will just briefly kind of remind you of  
20 some of the ground rules for the deposition.

21 As you know, I'll be asking you  
22 questions over the course of the day today. You are  
23 here with your counsel who will be objecting. Unless  
24 your counsel specifically instructs you not to answer  
25 a question, the objection is just for the record and

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1 Are you taking any medications or is  
2 there any other reason that you would not be able to  
3 answer truthfully and completely today?

4 A. No.

5 Q. Any questions before we start?

6 A. No.

7 Q. So to begin, I'd like to just go over  
8 some of your background. First of all, can you just  
9 state for the record what your current position is?

10 A. I'm the President and Chief Executive  
11 Officer of Planned Parenthood Southwest Ohio Region.

12 Q. And how long have you been in that  
13 position?

14 A. About four-and-a-half years.

15 Q. How long have you been employed with  
16 Planned Parenthood Southwest Ohio?

17 A. Four-and-a-half years.

18 Q. So you began as President and CEO?

19 A. I did.

20 Q. And if you would, if you could just walk  
21 me through briefly, starting with college, what your  
22 educational background is.

23 A. Okay. I graduated from Indiana  
24 University, undergraduate with a major in government.  
25 And then I graduated from Columbia Law School with a

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1 so you'll go ahead and answer my question.

2 If at any point in time you don't  
3 understand something I've asked, just let me know and  
4 I will rephrase the question. If, however, you do  
5 answer a question that I've posed, then I will assume  
6 that you understood it. Is that fair?

7 A. That's fair.

8 Q. We can take breaks throughout the day at  
9 any time that you need one. All that I ask is that  
10 we wait until you've answered the pending question  
11 before we take a break. Fair?

12 MR. SCHOENFELD: You need to give a  
13 verbal answer.

14 THE WITNESS: I did. You didn't hear  
15 it, she did.

16 MS. BRANCH: I didn't hear it either.

17 THE WITNESS: I will speak up.

18 By Ms. Richardson:

19 Q. And so as to the Court Reporter rules,  
20 we do have a Court Reporter here so we just need to  
21 make sure we speak slowly, which is always a  
22 challenge for me, and that we make sure we don't  
23 speak over each other so that she can get down what  
24 we say today, and make sure we speak audibly and  
25 loudly enough for her to hear.

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1 law degree.

2 Q. And what did you do when you graduated  
3 from Columbia Law School?

4 A. I went to work for a law firm here in  
5 Cincinnati.

6 Q. And which firm was that?

7 A. Taft, Stettinius & Hollister.

8 Q. And how long were you at Taft?

9 A. Three years.

10 Q. And what was the time frame for this?

11 A. A long time ago. '65 -- no, '68 to '71  
12 I was at the Taft firm.

13 Q. And what did you do after you left Taft?

14 A. I went to work for the Appalachia  
15 Research and Defense Fund in West Virginia, in  
16 Charleston.

17 Q. And how long were you there?

18 A. One year.

19 Q. What was your role there?

20 A. I was a staff attorney.

21 Q. And what did you do after you left?

22 A. I came back to Cincinnati and started  
23 working for the Legal Aid Society of Cincinnati.

24 Q. And how long were you at Legal Aid?

25 A. I was there '72 to '77.

2 (Pages 5 to 8)

<p style="text-align: right;">Page 9</p> <p>1 Q. And was that as a practicing lawyer?</p> <p>2 A. I was a Deputy Director.</p> <p>3 Q. Where did you go after you left Legal</p> <p>4 Aid?</p> <p>5 A. I went to the Peninsula Legal Aid</p> <p>6 Center, is the name of it, in Newport News, Hampton,</p> <p>7 Virginia as the Executive Director, and I was there</p> <p>8 for two years.</p> <p>9 Q. And so I'm sorry, forgive me for my</p> <p>10 math, but what does that bring us up to?</p> <p>11 A. '79.</p> <p>12 Q. Where did you go then?</p> <p>13 A. I came back to Cincinnati to work again</p> <p>14 for the Legal Aid Society of Cincinnati.</p> <p>15 Q. And how long were you there during that</p> <p>16 time frame?</p> <p>17 A. I was there from '79 until '88.</p> <p>18 Q. And then if you would just sort of</p> <p>19 briefly kind of describe from '88 until you started</p> <p>20 with Planned Parenthood.</p> <p>21 A. I was the Executive Director. Then they</p> <p>22 changed the title to President, CEO, of the Center</p> <p>23 for Resolution of Disputes, which was essentially a</p> <p>24 mediation service. And I did that from '88 until</p> <p>25 2012, so I was still doing that part-time when I</p>	<p style="text-align: right;">Page 11</p> <p>1 time to time, both the total and the mix of part-time</p> <p>2 and full-time.</p> <p>3 Q. And where are the -- are these staff</p> <p>4 members all in kind of one building? Do you have a</p> <p>5 headquarters, so to speak?</p> <p>6 A. We have a headquarters here in</p> <p>7 Cincinnati, but we have seven sites -- six sites.</p> <p>8 Sorry.</p> <p>9 Q. And where are those six sites?</p> <p>10 A. Well, the headquarters and two health</p> <p>11 centers are located here in Cincinnati on Auburn</p> <p>12 Avenue. We have an administrative -- sort of a</p> <p>13 subadministrative office and health center in Dayton,</p> <p>14 and we have health centers in Springfield,</p> <p>15 Springdale, west side of Cincinnati, and Hamilton.</p> <p>16 Q. And so the six sites includes the</p> <p>17 headquarters, that's included within that?</p> <p>18 A. Yeah, it does.</p> <p>19 Q. And the 100 employees that you</p> <p>20 mentioned, is that for all of these sites combined</p> <p>21 then?</p> <p>22 A. Yes.</p> <p>23 Q. I'd like to understand a little bit more</p> <p>24 about the corporate structure for PPSWO. I</p> <p>25 understand from the papers you filed in this case</p>
<p style="text-align: right;">Page 10</p> <p>1 started at PPSWO.</p> <p>2 And then after I'd been at PPSWO for, I</p> <p>3 can't precisely remember this, maybe a</p> <p>4 year-and-a-half, I went full-time at PPSWO and gave</p> <p>5 up my mediation practice, and went inactive on my law</p> <p>6 license.</p> <p>7 Q. So you do not serve in any type of legal</p> <p>8 capacity at Planned Parenthood?</p> <p>9 A. Right.</p> <p>10 Q. Can you just describe generally what</p> <p>11 your responsibilities are as the President and CEO</p> <p>12 Southwest Ohio?</p> <p>13 A. I'm the Chief Executive Officer, so as</p> <p>14 such I'm responsible for the overall operation of the</p> <p>15 organization. Ultimately responsible for the work</p> <p>16 product, the hiring, every aspect, but it's not</p> <p>17 directly my responsibility, just everybody there</p> <p>18 reports to me.</p> <p>19 Q. And how many full-time employees do you</p> <p>20 have that work directly for PPSWO? Is that what you</p> <p>21 say?</p> <p>22 A. PPSWO is the term we use. Full-time,</p> <p>23 about a hundred.</p> <p>24 Q. What about part-time?</p> <p>25 A. About ten. This varies slightly from</p>	<p style="text-align: right;">Page 12</p> <p>1 that PPSWO is an affiliate of Planned Parenthood</p> <p>2 Federation of America. Am I stating that correctly?</p> <p>3 A. Yes. And yes, we are an affiliate.</p> <p>4 Q. What does that mean?</p> <p>5 A. It means that in return for complying</p> <p>6 with all of the national PPFA standards and</p> <p>7 guidelines for all phases of the operation, that we</p> <p>8 are accredited by PPFA. We get various kinds of</p> <p>9 support, training, education, public affairs help,</p> <p>10 marketing, communication.</p> <p>11 We're entitled to use the Planned</p> <p>12 Parenthood brand, which is a national brand. I think</p> <p>13 there are now 59 affiliates. We pay dues.</p> <p>14 Q. And do you receive any type of funding</p> <p>15 from PPFA?</p> <p>16 A. Yes.</p> <p>17 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>



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[REDACTED]

[REDACTED]

Page 20

[REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

9 Q. And then I'd like to also understand what PPSWO's relationship is with "PPGOH" or "PPGOH". Is that what it's called? How are you related to that organization?

10 A. We have no legal relationship. PPGOH is another PPFA affiliate just like we are.

11 Q. And are they distinguished then primarily by the coverage area that they would be responsible for?

12 A. Yes.

13 Q. How is coverage area defined for an affiliate?

14 MR. SCHOENFELD: Objection.

15 THE WITNESS: It's -- PPFA defines the service areas. They have a process under which they do it. I don't know any more about it than that.

16 By Ms. Richardson:

5 (Pages 17 to 20)

<p style="text-align: right;">Page 21</p> <p>1 Q. Thank you. In terms of day-to-day 2 decisionmaking and operations, is that something that 3 you would have responsibility for locally, or would 4 PPFA be involved in those day-to-day decisions? 5 A. Local. 6 Q. Local. Are there bylaws or policies 7 that help distinguish the responsibilities of the 8 local affiliate as they relate to the PPFA 9 responsibilities? 10 MR. SCHOENFELD: Objection. 11 THE WITNESS: Could ask you that again? 12 By Ms. Richardson: 13 Q. Sure. So in other words, would it be in 14 writing somewhere, an explanation of what PPFA is 15 responsible for versus what PPSWO or other local 16 affiliates would have the ability to dictate locally? 17 MR. SCHOENFELD: Objection. 18 THE WITNESS: I don't know. 19 By Ms. Richardson: 20 Q. And based on your work as the CEO, how 21 do you know what you are -- what you have the 22 authority to decide locally versus what you would 23 have to consult with PPFA on? 24 MR. SCHOENFELD: Objection. 25 THE WITNESS: I'm going to try to answer</p>	<p style="text-align: right;">Page 23</p> <p>1 are here today as a 30(b)(6) representative of the 2 Planned Parenthood Southwest Ohio organization? 3 A. That is my understanding. 4 Q. And is it your understanding then that 5 your answers today on the topics set forth in this 6 notice will be answers of PPSWO for this litigation? 7 MR. SCHOENFELD: Objection. Just to be 8 clear, Mr. Lawson is designated on topics 1 through 6 9 and 8 through 10, not topic 7. 10 MS. RICHARDSON: Thank you for the 11 clarification. 12 THE WITNESS: Do you need to clarify the 13 question? Say it again. 14 By Ms. Richardson: 15 Q. Is it your understanding -- what your 16 counsel was just clarifying is that you're only here 17 to speak about some of the topics, and we're going to 18 look at these topics more closely here in a minute. 19 A. That's correct. 20 Q. For those topics that you are here to 21 talk about today, is it your understanding that 22 you'll be answering on behalf of PPSWO? 23 A. Yes. 24 Q. And so apart from No. 7, which I 25 understand you will not be talking about today, are</p>
<p style="text-align: right;">Page 22</p> <p>1 this. PPSWO is an independent Ohio nonprofit 2 corporation. So PPSWO has all of the authority that 3 such corporations have, and I report to a board of 4 directors under the Ohio nonprofit law. 5 By Ms. Richardson: 6 Q. And for clarity for the record, that's 7 the PPSWO board of directors? 8 A. PPSWO board of directors. 9 Because we are accredited by and 10 affiliated with PPFA, there is an extensive set of 11 standards and requirements for the way we operate 12 that PPFA expects us to meet if we are going to 13 continue to be an affiliate in good standing. 14 Q. I'm going to hand you now what we'll 15 mark as Exhibit 1 to this deposition. 16 (EXHIBIT MARKED FOR IDENTIFICATION.) 17 By Ms. Richardson: 18 Q. And this is the Notice of Deposition. 19 Feel free to take a moment to look that over. Just 20 let me know when you're ready. 21 A. I'm ready. 22 Q. Have you seen this document prior to 23 today? 24 A. I have. 25 Q. And is it your understanding that you</p>	<p style="text-align: right;">Page 24</p> <p>1 you prepared to talk about all of the topics that are 2 set forth in this notice? 3 A. Yes. 4 Q. Any that you're not prepared to talk 5 about today? 6 A. No. 7 Q. And so I'd like to talk just a little 8 bit about what you've done to prepare for the 9 deposition today. 10 Can you just describe your preparation? 11 A. I read, more than once, several of the 12 documents such as the complaint, my declarations, the 13 memo -- the legal memo in support of the TRO, the 14 interrogatory responses that we submitted to your 15 interrogatories. I met with counsel by phone last 16 Friday, and in person yesterday. 17 Q. Apart from counsel, did you speak to 18 anyone else with PPSWO in order to prepare for 19 today's deposition? 20 A. Yes. 21 Q. Who did you meet with? 22 A. Our COO, who is also our CFO, and our 23 Vice-President of Education. 24 Q. And did you ask them specific questions 25 about the topics that are set forth in this notice?</p>

<p style="text-align: right;">Page 25</p> <p>1 A. Yes.</p> <p>2 Q. On a general level can you describe what</p> <p>3 areas you consulted with them about?</p> <p>4 A. With the COO there was not much</p> <p>5 conversation, but what there was was financial. And</p> <p>6 for the Vice-President of Education the discussions</p> <p>7 were about the VAWA program, Violence Against Women</p> <p>8 Act, and PREP, Personal Responsibility Education</p> <p>9 Program, and the HIV community testing program, which</p> <p>10 she oversees.</p> <p>11 Q. Did you speak with anyone else either</p> <p>12 inside or outside the organization to prepare for</p> <p>13 your deposition today?</p> <p>14 A. Counsel.</p> <p>15 Q. Apart from counsel?</p> <p>16 A. No.</p> <p>17 Q. And aside from the documents that you've</p> <p>18 already mentioned, which I think were all related to</p> <p>19 this litigation, did you review any other documents</p> <p>20 to prepare for today's deposition?</p> <p>21 A. No.</p> <p>22 Q. And so I'd like to then just start going</p> <p>23 through some of these topics.</p> <p>24 Corporate structure we have just been</p> <p>25 talking about, so I'd like to move to No. 2 that's</p>	<p style="text-align: right;">Page 27</p> <p>1 describe very generally for me what services PPSWO</p> <p>2 provides under the STD Prevention Program?</p> <p>3 A. We provide testing for gonorrhea and</p> <p>4 chlamydia, and treatment for people who test</p> <p>5 positive.</p> <p>6 Q. And at which locations of those that</p> <p>7 you've described earlier are those services provided?</p> <p>8 A. At all six of our family planning health</p> <p>9 centers.</p> <p>10 Q. And so I want to just make sure that I</p> <p>11 understand. Earlier we were talking about, I</p> <p>12 thought, a total of six locations that included some</p> <p>13 administrative offices and headquarters. Are these</p> <p>14 six family planning health centers different from</p> <p>15 those?</p> <p>16 A. No. I'm coming at it a different way.</p> <p>17 Q. Okay.</p> <p>18 A. I'll explain it. We have a family</p> <p>19 planning health center on Auburn Avenue, Cincinnati,</p> <p>20 west side Cincinnati, Hamilton, Ohio, Springdale,</p> <p>21 which is a suburb of Cincinnati as you know, Dayton,</p> <p>22 and Springfield. Those are our family planning</p> <p>23 health centers.</p> <p>24 Q. And so are those centers also some of</p> <p>25 the same administrative and other facilities that we</p>
<p style="text-align: right;">Page 26</p> <p>1 listed here on this notice, and that relates to</p> <p>2 PPSWO's provision of services.</p> <p>3 And I'd like to walk through each of the</p> <p>4 programs that are outlined in the statute that is</p> <p>5 being challenged in this case.</p> <p>6 And so just to make sure that we're on</p> <p>7 the same page in terms of terminology and how we</p> <p>8 refer to those, can you just give me your</p> <p>9 understanding of the programs that are outlined or</p> <p>10 affected by the statute that's being challenged in</p> <p>11 this case?</p> <p>12 A. You mean a list?</p> <p>13 Q. Yes, just so I want to make sure we have</p> <p>14 got the same terminology as we go forward.</p> <p>15 A. The STD Prevention Program. The Breast</p> <p>16 and Cervical Cancer Program.</p> <p>17 Q. And if I refer to that as BCCP, will we</p> <p>18 have --</p> <p>19 A. That's fine. It's better. The HIV</p> <p>20 Community Outreach Testing Program, "HIV". The</p> <p>21 Personal Responsibility Education Program, PREP, and</p> <p>22 Violence Against Women Act funded program, we refer</p> <p>23 to as VAWA.</p> <p>24 Q. Great. Thank you. And so let's start</p> <p>25 with the STD Prevention Program. Can you just</p>	<p style="text-align: right;">Page 28</p> <p>1 talked about earlier? In other words, are they both</p> <p>2 family planning centers and administrative --</p> <p>3 A. The administrative office, the main</p> <p>4 administrative office, is located at the same</p> <p>5 location as the family planning health center on</p> <p>6 Auburn.</p> <p>7 Q. Okay.</p> <p>8 A. And we have a subadministrative office</p> <p>9 with fewer people and some administrators at the same</p> <p>10 location as the family planning center in Dayton.</p> <p>11 Q. So it's still accurate to say that there</p> <p>12 are a total of six locations?</p> <p>13 A. Yes.</p> <p>14 Q. How long has PPSWO been providing</p> <p>15 services under the STD Prevention Program?</p> <p>16 A. I'm trying to remember. Twenty-four</p> <p>17 years, I think.</p> <p>18 Q. And so in terms of the grant that comes</p> <p>19 from ODH, I want to understand sort of how that</p> <p>20 process works for PPSWO.</p> <p>21 This is one program where PPSWO</p> <p>22 contracts directly with ODH; is that right?</p> <p>23 MR. SCHOENFELD: Objection. Assumes a</p> <p>24 fact not in evidence.</p> <p>25 By Ms. Richardson:</p>

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1 Q. Does PPSWO contract --  
2 THE WITNESS: I didn't hear what you  
3 said.

4 MR. SCHOENFELD: It assumes a fact not  
5 in evidence. She referenced a grant.  
6 By Ms. Richardson:

7 Q. Do you receive a grant from ODH for the  
8 provision of services under the STD program?

9 A. Not exactly.

10 Q. Can you explain?

11 A. We have a contract for each of our  
12 health centers with ODH which establishes our  
13 entitlement to participate in the STD program based  
14 on our positive rates for chlamydia at our health  
15 centers.

16 That contract means that for people who  
17 qualify for the STD program -- the qualifications are  
18 established by ODH -- can get free lab tests. We get  
19 testing kits, and then we do the samples and they are  
20 sent to a lab in Texas that has a contract with ODH,  
21 not with us.

22 And we also have the ability, because we  
23 have the contract, to get free treatment medications  
24 like Zithromax that we can use to treat eligible  
25 patients who test positive when we get the lab

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1 come in to one of the health centers, family planning  
2 health centers, and the intake staff would determine  
3 if the person meets the eligibility requirement under  
4 that program.

5 It's focused on younger people. I can't  
6 tell you exactly what the range is. If they do meet  
7 the requirements then we advise the patient that  
8 under this program we have the ability to give them a  
9 free test, and if they test positive for gonorrhea or  
10 chlamydia, we have the ability to give them some free  
11 medications. There's a limited formulary, but it's  
12 the ones you need, it's the antibiotics. And so then  
13 the patient gets to participate in that program.

14 By Ms. Richardson:

15 Q. And when you refer to the eligibility  
16 requirement, are you referring to the eligibility  
17 requirements that ODH sets for the program?

18 A. Yes.

19 Q. Are there any additional eligibility  
20 requirements that PPSWO would set?

21 A. No.

22 Q. And as we start getting into some of  
23 these programs I just want to emphasize a point.  
24 None of my questions are intended to elicit any  
25 personal identifying information about any patient.

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1 results back.

2 Q. And that's a great point for  
3 clarification. So I used the term "grant" broadly.  
4 But some of the programs that we're going to talk  
5 about today including this one do not --

6 A. Grants, per se?

7 Q. Grants, per se, in the form of money  
8 directly. So in this case it is lab tests and in  
9 some cases medication that would be provided?

10 A. That's correct.

11 Q. And so I'd like to understand a little  
12 bit about how this works sort of on the ground. I  
13 understand the positivity rates that make you  
14 eligible to receive these tests. But if a patient  
15 walks in the door, how does that work?

16 So if a patient calls PPSWO and says  
17 they'd like to be tested, how would you respond, and  
18 how would that relate to the receipt of this -- of  
19 the testing kits from ODH?

20 MR. SCHOENFELD: Objection.

21 THE WITNESS: If a patient -- if a  
22 patient calls and said I think I might have a -- we  
23 actually use the term STI, it's the current term.

24 If a patient calls and says that he or  
25 she might have an STI, they make an appointment to

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1 So if there is a question that I ask  
2 that seems to require that in an answer, please stop  
3 and let me know and we will figure out a way to  
4 rephrase.

5 A. Thank you. I will do that.

6 Q. And so if a patient is not eligible  
7 under the eligibility requirements, how would PPSWO  
8 handle that patient; the same patient indicates that  
9 he or she thinks he or she might have an STI, but  
10 they are not eligible to receive the free testing or  
11 medication under the ODH program.

12 A. We would still test them to see if they  
13 have an STI, and we would prescribe or give them  
14 medication for treatment. It would be paid for by  
15 them, or if they have a third-party payer like an  
16 insurance company, or Medicaid, we could pay for it  
17 by the third-party payer.

18 Q. And how do you determine -- we'll start  
19 with a self-payer. How do you determine what the  
20 charge is for that patient?

21 A. We have a fee structure.

22 Q. Is that based on ability to pay, or are  
23 there other factors?

24 A. No. We do not have an ability to pay  
25 system at PPSWO.



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1 Q. So what factors would go into  
2 determining what their appropriate fee would be under  
3 the fee structure?

4 A. I'm not the best person to answer that  
5 question.

6 Q. Who would be the person to answer that  
7 question?

8 A. Lee Bower, the COO/CFO, because he  
9 oversees the fee schedule in its development and  
10 regular review.

11 Q. And to go back for a moment to the  
12 patient that is eligible to receive the free testing,  
13 would there be any charge for that patient?

14 A. Yes.

15 Q. What charges would be assessed for that  
16 patient?

17 A. Two possibilities. There's a \$10 charge  
18 for specimen collection, and that is applied to  
19 people who do qualify for the STD program.

20 There may also be charges for other  
21 services that the patient comes in for in addition to  
22 the STI test problem, and they would be charged for  
23 those services.

24 Q. And what other services might that  
25 patient be receiving?

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1 A. Birth control consult, annual exam,  
2 infection check, meaning an infection like a vaginal  
3 infection versus an STI, pap smears, pregnancy tests.  
4 I may be missing something.

5 Q. And that kind of leads me to my next  
6 question. We have been talking so far about a  
7 patient who makes an appointment to come in for STI  
8 testing. Are there other circumstances where you  
9 would have protocols in place where you're  
10 automatically checking someone for an STI?

11 A. I don't know.

12 Q. What about if a patient is receiving an  
13 abortion, would that be a circumstance where you  
14 might also test for an STI?

15 A. Yes.

16 Q. And under what circumstances would you  
17 do that?

18 A. We test all abortion patients for the  
19 STI.

20 Q. Is that automatic?

21 A. Yes. It's part of our medical protocol.

22 Q. And would some of those patients be  
23 patients who would qualify for the pretesting under  
24 the STD Prevention Program?

25 A. We don't provide the STD Prevention

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1 Program to our abortion patients.

2 Q. And why is that?

3 A. Two reasons. I don't know if you're  
4 familiar with electronic health records. Okay. We  
5 do not have electronic health records in our surgery  
6 center, so the process with the lab that the Ohio  
7 Department has contracted with is very cumbersome.  
8 It's manual, basically.

9 Whereas in the other health centers  
10 where we do have electronic health records there's  
11 what's called a bridge and you can send stuff  
12 electronically. That's the one reason.

13 The other reason is we decided that we  
14 didn't want to have the STD program connected to our  
15 abortion services.

16 Q. And so how do you ensure that the  
17 testing kits that you receive pursuant to the STD  
18 Prevention Program are not used for patients who  
19 receive abortions?

20 A. We use a completely different lab for  
21 all of our other STI. CDD is the lab under the STD  
22 program. [REDACTED]

23 [REDACTED]  
24 Q. And is that policy set forth in writing  
25 in a manual or in some other form?

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1 A. I don't think so. It may be in the ops  
2 manual, but if it is, I don't know.

3 Q. And you refer to the ops manual. What  
4 are you referring to?

5 A. It's sort of an operational manual that  
6 the health centers all follow for the different kind  
7 of services and processes that are involved in our  
8 health care.

9 Q. Now, you mentioned that the STD  
10 prevention services are provided at all family health  
11 centers, am I --

12 A. Family planning.

13 Q. Family planning centers. Which of those  
14 family planning centers also provide abortion  
15 services?

16 A. None.

17 Q. None. Okay.

18 A. We have one surgical center. All the  
19 others are family planning, and none of the family  
20 planning provide abortion services.

21 Q. And at the family planning centers do  
22 all of those centers offer the free test that would  
23 come in through the STD Prevention Program from ODH?

24 A. Yes. We have ODH contracts with each of  
25 our health centers. That's the way ODH sets it up.

9 (Pages 33 to 36)

<p style="text-align: right;">Page 37</p> <p>1 Q. Approximately how many STD detection --</p> <p>2 STI detection tests would be offered in a typical</p> <p>3 year for not just those that are eligible under the</p> <p>4 program, but as a whole?</p> <p>5 A. I can't remember.</p> <p>6 Q. And feel free to just give me a ballpark</p> <p>7 number.</p> <p>8 A. 12- to 13,000.</p> <p>9 Q. And approximately how many free tests do</p> <p>10 you receive from ODH pursuant to the contract we have</p> <p>11 been talking about?</p> <p>12 A. Counting both gonorrhea and chlamydia,</p> <p>13 about 8,000.</p> <p>14 Q. And the 12- to 13,000, did that also</p> <p>15 include both gonorrhea and --</p> <p>16 A. Yes.</p> <p>17 Q. Now, you are aware that there was a</p> <p>18 statute that was passed that discusses the programs</p> <p>19 that we're talking about right now, correct?</p> <p>20 A. You're referring to what we call the</p> <p>21 defunding law?</p> <p>22 Q. Correct.</p> <p>23 A. Yes.</p> <p>24 Q. And that is the statute that you're</p> <p>25 challenging in this case?</p>	<p style="text-align: right;">Page 39</p> <p>1 charging patients going forward if the challenged law</p> <p>2 takes effect?</p> <p>3 A. Say it again.</p> <p>4 Q. Sure. So you indicated that you would</p> <p>5 have to charge for the provision of these tests if</p> <p>6 the challenged law becomes effective. Is that a fair</p> <p>7 characterization of your testimony?</p> <p>8 A. Yes.</p> <p>9 Q. So what would that charge be?</p> <p>10 A. It would be the same as the charge for</p> <p>11 people currently who do not qualify for the STD</p> <p>12 program.</p> <p>13 Q. Can you describe for me any expenses</p> <p>14 that are associated with the provision of STD testing</p> <p>15 for PPSWO?</p> <p>16 MR. SCHOENFELD: Objection. Are you</p> <p>17 taking inside or outside the program, or both?</p> <p>18 By Ms. Richardson:</p> <p>19 Q. Let's start with inside the program.</p> <p>20 A. Repeat the question.</p> <p>21 Q. Sure. So we have been talking about</p> <p>22 some of the charges and other things related to the</p> <p>23 provision of STD prevention. Now I'd like to</p> <p>24 understand any expenses that PPSWO would experience</p> <p>25 in providing these services.</p>
<p style="text-align: right;">Page 38</p> <p>1 A. Yes.</p> <p>2 Q. And in preparation for enactment of the</p> <p>3 law that's being challenged in this case, what steps</p> <p>4 did PPSWO take specifically with respect to the STD</p> <p>5 Prevention Program?</p> <p>6 A. We alerted our managers of our health</p> <p>7 centers that if the law became effective, that we</p> <p>8 would no longer be offering any of the free STD tests</p> <p>9 because we would no longer have access to that</p> <p>10 program.</p> <p>11 And by alerting, I mean we gave them</p> <p>12 advance notice, but then as we got closer to the</p> <p>13 effective date we kept them on alert, watch for, you</p> <p>14 know, an e-mail.</p> <p>15 Q. And if the challenged law takes effect,</p> <p>16 what impact will that have on your provision of</p> <p>17 services under the STD Prevention Program</p> <p>18 specifically?</p> <p>19 A. We would no longer be able to provide</p> <p>20 those free tests or medications to those patients who</p> <p>21 currently qualify.</p> <p>22 Q. And so you would still provide testing</p> <p>23 for chlamydia and gonorrhea, correct?</p> <p>24 A. Yes, but not free.</p> <p>25 Q. What would be PPSWO's policy for</p>	<p style="text-align: right;">Page 40</p> <p>1 A. Under the program?</p> <p>2 Q. Under the program, we'll start first.</p> <p>3 And let me step back for a minute. If any of these</p> <p>4 are areas that will be covered later today, let me</p> <p>5 know if you're not the person --</p> <p>6 A. That's what I'm thinking about.</p> <p>7 Q. And in consultation with counsel, if</p> <p>8 it's your representation that that's covered under</p> <p>9 what the other witness will be talking about this</p> <p>10 afternoon, I can move on.</p> <p>11 MR. SCHOENFELD: If you feel comfortable</p> <p>12 testifying on this.</p> <p>13 THE WITNESS: I don't. I think our COO</p> <p>14 is in a better position to answer that question.</p> <p>15 By Ms. Richardson:</p> <p>16 Q. We may come back to this more a little</p> <p>17 bit later, but I'd like to move on to some of the</p> <p>18 other programs. Let me know if you'd like to take a</p> <p>19 break before we move on, or if you're okay to keep</p> <p>20 going.</p> <p>21 A. I'm okay.</p> <p>22 Q. Okay. Great. So let's move now to the</p> <p>23 HIV program. And we'll be referring specifically to</p> <p>24 the HIV program that is outlined in the law that is</p> <p>25 being challenged in this case.</p>

<p style="text-align: right;">Page 41</p> <p>1 Can you describe what you receive, if</p> <p>2 anything, from ODH related to that program?</p> <p>3 A. We receive one grant directly from ODH,</p> <p>4 and two grants that come from ODH through the County</p> <p>5 level; one, Hamilton County, and the other one,</p> <p>6 Montgomery County/Dayton for Butler and Warren.</p> <p>7 Q. And you understand that there have been</p> <p>8 some changes recently, but I'd like to talk about</p> <p>9 PPSWO's policies and how this program worked prior to</p> <p>10 recent changes.</p> <p>11 MR. SCHOENFELD: Objection. I think</p> <p>12 where relevant, can you specify what you're talking</p> <p>13 about?</p> <p>14 By Ms. Richardson:</p> <p>15 Q. Sure. And we can go backwards in time.</p> <p>16 Have there been some changes recently to how PPSWO</p> <p>17 contracts with respect to the HIV program, and</p> <p>18 specifically with respect to Hamilton County?</p> <p>19 A. Yes.</p> <p>20 Q. Can you describe those changes?</p> <p>21 A. Hamilton County terminated the contract</p> <p>22 with PPSWO and relet the contract or re-granted to</p> <p>23 another organization.</p> <p>24 Q. And is it your understanding that that</p> <p>25 other organization is now providing HIV services</p>	<p style="text-align: right;">Page 43</p> <p>1 Q. And is it your understanding that</p> <p>2 Caracole has now assumed for Hamilton County all of</p> <p>3 the provision of services that PPSWO previously</p> <p>4 provided?</p> <p>5 A. I don't know.</p> <p>6 Q. And so prior to Caracole taking over</p> <p>7 these responsibilities, how did PPSWO handle the</p> <p>8 provision of services under the HIV program?</p> <p>9 MR. SCHOENFELD: Objection.</p> <p>10 THE WITNESS: Can you clarify the</p> <p>11 question a little bit? How did we handle the</p> <p>12 provision of services?</p> <p>13 By Ms. Richardson:</p> <p>14 Q. So we'll focus a little more</p> <p>15 specifically. You mentioned a total of three</p> <p>16 different grants that you receive, one from ODH and</p> <p>17 two originating with ODH but through counties. Is</p> <p>18 that a fair characterization?</p> <p>19 A. Yes.</p> <p>20 Q. And let's talk about the grant that you</p> <p>21 received directly from ODH. Can you describe that?</p> <p>22 A. It's in the neighborhood of \$75,000 a</p> <p>23 year.</p> <p>24 Q. And what do you receive that \$75,000</p> <p>25 for?</p>
<p style="text-align: right;">Page 42</p> <p>1 pursuant to this program?</p> <p>2 A. Yes.</p> <p>3 Q. And that company's name is Caracole?</p> <p>4 A. Caracole.</p> <p>5 Q. And did Caracole also hire staff that</p> <p>6 was previously employed by PPSWO for the provision of</p> <p>7 HIV services?</p> <p>8 A. Yes.</p> <p>9 Q. Did they hire the entire staff that was</p> <p>10 previously employed by PPSWO?</p> <p>11 A. No.</p> <p>12 Q. How many employees did they hire?</p> <p>13 A. Three.</p> <p>14 Q. And that's three out of how many?</p> <p>15 A. Three-and-a-half.</p> <p>16 Q. Three-and-a-half?</p> <p>17 A. Three out of three-and-a-half.</p> <p>18 Q. So that the half did not get</p> <p>19 re-employed?</p> <p>20 A. The half did not get re-employed.</p> <p>21 Q. And when you say "half", what are you</p> <p>22 referring to?</p> <p>23 A. Half time.</p> <p>24 Q. A part-time employee?</p> <p>25 A. Part-time employee.</p>	<p style="text-align: right;">Page 44</p> <p>1 A. For confidential anonymous testing for</p> <p>2 HIV, and some education and counseling that goes</p> <p>3 along with that. I can't honestly remember what the</p> <p>4 territory is that the ODH grant covers.</p> <p>5 Q. And do you remember, is there a title</p> <p>6 for the grant, or a common name used to refer to that</p> <p>7 grant?</p> <p>8 A. I think we call it the ODH HIV grant.</p> <p>9 Q. And is it your understanding that that</p> <p>10 grant has been impacted by the law that you're</p> <p>11 challenging in this case?</p> <p>12 A. No.</p> <p>13 Q. And so is it fair to say that you are</p> <p>14 still receiving funds through that grant?</p> <p>15 A. Yes.</p> <p>16 Q. And to your understanding, is that true</p> <p>17 irrespective of the litigation that you're involved</p> <p>18 in that we're here for today?</p> <p>19 A. Yes.</p> <p>20 Q. And so with respect to the law that's</p> <p>21 being challenged in this case, is it fair to say that</p> <p>22 we're just talking about the two grants that come</p> <p>23 through the counties from ODH?</p> <p>24 A. It's our understanding that only those</p> <p>25 two -- it's our understanding that ODH's position is</p>

<p style="text-align: right;">Page 45</p> <p>1 that only those two are affected by the law.</p> <p>2 Q. And so let's focus on those two for</p> <p>3 right now. And again, now, these are the one that</p> <p>4 comes through Hamilton County and one that you said</p> <p>5 relates to Butler and Warren; is that fair?</p> <p>6 A. Yes.</p> <p>7 Q. What services specifically did PPSWO</p> <p>8 provide pursuant to those two grants?</p> <p>9 A. The team of employees that we have just</p> <p>10 talked about implemented a community-based</p> <p>11 confidential anonymous HIV testing program in the</p> <p>12 areas covered by those grants, focused heavily on men</p> <p>13 who have sex with men, and other high-risk</p> <p>14 populations.</p> <p>15 So they were -- the staff members were</p> <p>16 out in the community going to gay bars at night,</p> <p>17 going to other -- going to neighborhoods where the</p> <p>18 target populations might be found.</p> <p>19 We had a van that could be parked in</p> <p>20 front of a location where you could -- where the</p> <p>21 staff members could talk to people coming by and</p> <p>22 asking them if they would be interested in coming in</p> <p>23 and being tested. So it was really an outreach</p> <p>24 program.</p> <p>25 Q. Thank you. And was this a grant where</p>	<p style="text-align: right;">Page 47</p> <p>1 A. The scope of services would be defined</p> <p>2 in the contract. The specific sort of strategies</p> <p>3 like where to go, who is going to go, what time are</p> <p>4 we going to go, defined by PPSWO.</p> <p>5 Q. And do you know what costs were</p> <p>6 associated with this program for PPSWO?</p> <p>7 A. The primary cost would be the personnel,</p> <p>8 the van. There would be some materials cost for</p> <p>9 testing, materials cost for information that would be</p> <p>10 given to patients who wanted to be tested. You'd</p> <p>11 have rent and other expenses like that.</p> <p>12 Q. And what would the rent expenses be?</p> <p>13 A. We had our people housed in another</p> <p>14 neighborhood and we paid rent at the facility for the</p> <p>15 space that they were renting.</p> <p>16 Q. But the three-and-a-half staff members</p> <p>17 that you mentioned earlier, were those staff members</p> <p>18 devoted exclusively to this program?</p> <p>19 A. Yes.</p> <p>20 Q. And they were housed in this</p> <p>21 neighborhood?</p> <p>22 A. Rented space, north side.</p> <p>23 Q. Were there other employees who would</p> <p>24 have also worked out of that location?</p> <p>25 A. Not our employees.</p>
<p style="text-align: right;">Page 46</p> <p>1 you received a lump sum of money from Hamilton</p> <p>2 County?</p> <p>3 A. Yes.</p> <p>4 Q. Thank you. And what was the amount of</p> <p>5 that grant?</p> <p>6 A. I don't know. That would be a good</p> <p>7 question for Lee Bower.</p> <p>8 Q. Okay. Do you know whether it was a</p> <p>9 fixed amount, or did it change?</p> <p>10 A. Fixed. Well, fixed a year at a time.</p> <p>11 Q. Thank you.</p> <p>12 A. There could be a variation from year to</p> <p>13 year.</p> <p>14 Q. And did you receive that at the</p> <p>15 beginning of the program, or was it a form of</p> <p>16 reimbursement?</p> <p>17 A. I don't know.</p> <p>18 Q. And do you know whether the terms of the</p> <p>19 grant dictated the particular services that you would</p> <p>20 provide, or were those decisions that you made at</p> <p>21 PPSWO?</p> <p>22 So, for example, you described the van</p> <p>23 and the various outreach programs. Were those things</p> <p>24 that were specified as conditions of the grant, or</p> <p>25 were those decisions that PPSWO made?</p>	<p style="text-align: right;">Page 48</p> <p>1 Q. And I want to skip ahead to present time</p> <p>2 again for a moment. The van that PPSWO previously</p> <p>3 used, that has been transferred over to Caracole; is</p> <p>4 that correct?</p> <p>5 A. No.</p> <p>6 Q. Okay. Can you explain who has</p> <p>7 possession of the van now?</p> <p>8 A. It was sold.</p> <p>9 Q. It was sold. Okay. And do you know who</p> <p>10 it was sold to?</p> <p>11 A. Some guy.</p> <p>12 Q. So is it fair to say it was not then</p> <p>13 sold for the provision of services similar to what --</p> <p>14 A. No.</p> <p>15 Q. And what about the building that you</p> <p>16 rented to house these staff members, what is the</p> <p>17 current status of that building?</p> <p>18 A. It's still there, and the employees who</p> <p>19 were employed by Caracole work out of that building.</p> <p>20 Q. And who pays the rent for that building</p> <p>21 now?</p> <p>22 A. Caracole.</p> <p>23 Q. And so was the lease transferred over to</p> <p>24 Caracole?</p> <p>25 A. It's Caracole's building.</p>

<p style="text-align: right;">Page 49</p> <p>1 Q. And so factoring in rent and all of the</p> <p>2 other -- personnel and van and Caracole expenses that</p> <p>3 you described, do you know generally what the cost of</p> <p>4 providing this program was for PPSWO?</p> <p>5 A. I don't.</p> <p>6 Q. Do you know whether it was more than the</p> <p>7 grant that you received from --</p> <p>8 A. Yes, definitely more than the grant.</p> <p>9 Q. Do you know by how much?</p> <p>10 A. I don't. Good question for Lee Bower.</p> <p>11 Q. Thank you. And can you -- do you know</p> <p>12 what Caracole is? In other words, what is their</p> <p>13 primary business?</p> <p>14 A. Caracole is really a social service</p> <p>15 agency. Its primary business, as I understand it, is</p> <p>16 to provide housing and other various kinds of social</p> <p>17 service support for people who have HIV.</p> <p>18 Q. Previously before Caracole took over the</p> <p>19 contract, was Caracole involved with PPSWO in</p> <p>20 providing the services that you've described?</p> <p>21 A. Only in leasing us the space in the</p> <p>22 Caracole building for housing the staff, and cross</p> <p>23 referrals.</p> <p>24 Q. And what do you mean by "cross</p> <p>25 referrals"?</p>	<p style="text-align: right;">Page 51</p> <p>1 Q. All of it was completely free?</p> <p>2 A. Free.</p> <p>3 Q. If the law that is being challenged in</p> <p>4 this case goes into effect, would there be any</p> <p>5 further changes to PPSWO's provision of HIV services?</p> <p>6 A. If the law goes into effect would there</p> <p>7 be other changes?</p> <p>8 Q. Yes. Let me ask it a different way.</p> <p>9 Now that Caracole has taken over the contract through</p> <p>10 Hamilton County, is PPSWO currently providing any</p> <p>11 other HIV services under the grant program that it</p> <p>12 previously received through Hamilton County?</p> <p>13 A. No. We do provide HIV testing services</p> <p>14 on a regular basis for our other patients.</p> <p>15 Q. And that would fall outside of the</p> <p>16 program for which you receive the grant?</p> <p>17 A. Outside the program, confidential, but</p> <p>18 not anonymous, a different approach. And we would</p> <p>19 continue that if the law went into effect.</p> <p>20 Q. Those services were not impacted by the</p> <p>21 law, to your knowledge?</p> <p>22 A. No.</p> <p>23 Q. I'd like to move now to PREP. Can you</p> <p>24 describe to me what your understanding, just on a</p> <p>25 very general level, is of the PREP program?</p>
<p style="text-align: right;">Page 50</p> <p>1 A. Well, if we had a person who was tested</p> <p>2 and turned out to be positive for HIV, the staff</p> <p>3 member who was talking to that person about their</p> <p>4 status as HIV positive would, among other things,</p> <p>5 make sure that they were aware of the services that</p> <p>6 Caracole could provide in the way of housing support</p> <p>7 and other support.</p> <p>8 Similarly, if somebody walked into</p> <p>9 Caracole who was concerned, because Caracole is seen</p> <p>10 as kind of a go-to place for people with HIV, that</p> <p>11 person might be referred to PPSWO for the testing.</p> <p>12 Q. Thank you. And has PPSWO been involved</p> <p>13 in monitoring or overseeing the provision of services</p> <p>14 by Caracole under the new Caracole contract?</p> <p>15 A. No.</p> <p>16 Q. But to your knowledge, those services</p> <p>17 are being provided by the same full-time staff that</p> <p>18 were previously employed by PPSWO for those services?</p> <p>19 A. Minus one half.</p> <p>20 Q. Minus the one half. And I think you</p> <p>21 testified about this already, but for those people</p> <p>22 that you interacted with as part of the outreach or</p> <p>23 the tests that you provide, were there any charges</p> <p>24 for those patients?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 52</p> <p>1 A. Yes. PREP stands for Personal</p> <p>2 Responsibility Education Program. It's a program</p> <p>3 that ODH has put in place in the State with eight</p> <p>4 regional -- the State's divided into eight regions.</p> <p>5 The PREP program focuses on training</p> <p>6 people, staff people, professional people, to work</p> <p>7 with young people who are in the foster care system</p> <p>8 in some way, or in the juvenile justice system in</p> <p>9 some way, educating those people who work with young</p> <p>10 people to then deliver this program, a curriculum, to</p> <p>11 the young people who come through their foster care</p> <p>12 system or their juvenile justice system.</p> <p>13 Q. And how long has PPSWO been providing</p> <p>14 services under the PREP program?</p> <p>15 A. I can't remember.</p> <p>16 Q. And this is a program where --</p> <p>17 A. I think ten years.</p> <p>18 Q. Ten years?</p> <p>19 A. I think.</p> <p>20 Q. And this is a program where PPSWO</p> <p>21 contracts directly with ODH; is that correct?</p> <p>22 A. Yes. This is a grant.</p> <p>23 Q. Thank you. And is this a grant where</p> <p>24 you are reimbursed for services, or where you're</p> <p>25 provided money up front?</p>

<p style="text-align: right;">Page 53</p> <p>1 A. It's structured as a reimbursement 2 program, but sometimes ODH gives money up front. 3 Q. Do you know what circumstances those 4 would be where you would get the money up front? 5 A. I don't. 6 Q. And can you describe generally the 7 services that PPSWO provides specifically? So we 8 have talked about generally what the program is. 9 What does PPSWO's program consist of under PREP? 10 A. It's kind of a training the trainers 11 program. Our customers, if you will, are the staff 12 members and professional people who work with the 13 young people. Their customers are the young people. 14 So we train, and then we follow up to 15 provide support for effective delivery of the 16 program. The support is given to the trainers that 17 we have trained. 18 Q. And for the training that you provide do 19 you receive funding from sources other than the ODH 20 PREP program? 21 In other words, is PREP sort of a 22 standalone program for which you receive PREP 23 funding, or is it part of the overall training that 24 PPSWO provides for which it might receive funding 25 from multiple sources?</p>	<p style="text-align: right;">Page 55</p> <p>1 PREP, and VAWA I would add, and look at possible 2 alternatives to PREP that would be implemented by our 3 education staff. 4 One of our two primary missions is 5 education, so we provide reproductive health care and 6 education, and that was the impetus for those 7 discussions. 8 Q. And as a result of those discussions, 9 what did you conclude about possible alternatives to 10 PREP? 11 A. We concluded that a program could be 12 developed if we could afford it. 13 Q. What type of program did you 14 contemplate? 15 A. It would have been a -- it would be a 16 sex education program that is focused on schools; 17 elementary, middle, and high school, and possibly 18 college. 19 Q. And what did you conclude about whether 20 you would be able to afford the program? 21 A. We concluded we would be -- we would be 22 able to afford it if we increased our deficit. 23 Q. What do you mean by that? 24 A. Well, we operate at a deficit. Most 25 recent year the deficit is about a million dollars.</p>
<p style="text-align: right;">Page 54</p> <p>1 A. The funding from ODH for PREP is not 2 enough to cover the cost of PREP, so we subsidize 3 that program with general funds. There's no other 4 grant source that comes in specifically for PREP. 5 Q. And do you have employees at PPSWO that 6 are devoted specifically to these training programs? 7 A. Not exclusively to PREP, but an employee 8 might be assigned partly to PREP and partly to 9 something else. 10 Q. Approximately how many staff members 11 would you say work on training under the PREP 12 program? 13 A. Four. But not all full-time. 14 Q. Are any of those devoted full-time to 15 PREP? 16 A. I don't know. 17 Q. In preparation for the law challenged in 18 this case, what steps did PPSWO take with respect to 19 the PREP program? 20 A. We alerted the Vice-President of 21 Education and the education staff members who worked 22 on PREP that defunding could occur, and we worked -- 23 I worked with the Vice-President of Education and the 24 Manager of Training and Education who reports to the 25 Vice-President, to analyze the financial aspects of</p>	<p style="text-align: right;">Page 56</p> <p>1 So if we add a program, just to be clear, that 2 doesn't have a grant to support it, then it has to 3 come out of the general fund and that increases the 4 deficit. 5 Q. And did you determine that you would 6 provide this program going forward if the law takes 7 place -- takes effect? I'm sorry. 8 A. We haven't decided that yet. 9 Q. Has a determination been made about 10 whether PPSWO could afford to increase its deficit by 11 the amount of the program? 12 MR. SCHOENFELD: Objection. 13 THE WITNESS: Could afford to increase 14 its deficit? I would say yes. 15 By Ms. Richardson: 16 Q. Do you know when a decision will be made 17 about whether PPSWO will provide the alternate 18 education program? 19 A. When we know whether this program is 20 going to be defunded or not. 21 Q. And by "program", you're referring to 22 PREP? 23 A. To PREP, yeah. 24 Q. And do you know whether alternate 25 providers have been identified to provide the</p>

<p style="text-align: right;">Page 57</p> <p>1 services that PPSWO previously provided under PREP?</p> <p>2 A. Sort of.</p> <p>3 Q. What do you mean by that?</p> <p>4 A. Alternate providers -- from what I</p> <p>5 understand, alternate providers have sort of been</p> <p>6 identified.</p> <p>7 Q. And what do you base that understanding</p> <p>8 on?</p> <p>9 A. Communication that our VP of Education</p> <p>10 has had with ODH, the people at ODH who run the</p> <p>11 program, and also activity that she has been asked to</p> <p>12 participate in designed to transition the program to</p> <p>13 others.</p> <p>14 Q. Do you know what those activities are?</p> <p>15 A. What I know is that there were some</p> <p>16 meetings held in which we participated along with the</p> <p>17 other providers who were being asked to pick up the</p> <p>18 program.</p> <p>19 Q. Are these meetings with ODH that you're</p> <p>20 referring to, or just meetings with your VP of</p> <p>21 Education and the other providers?</p> <p>22 A. I believe ODH participated.</p> <p>23 Q. We're going to go over some of the</p> <p>24 discovery responses later, but I believe if my memory</p> <p>25 serves me, that the VP of Education was one of the</p>	<p style="text-align: right;">Page 59</p> <p>1 current manager of education and training.</p> <p>2 Q. The materials that you described for</p> <p>3 PREP, are those training materials or brochures?</p> <p>4 A. It's a curriculum.</p> <p>5 Q. And so what does that consist of?</p> <p>6 A. There's three components, if I remember</p> <p>7 this correctly. Healthy relationships, job seeking,</p> <p>8 getting, and financial management are the three</p> <p>9 components that ODH decided to put into the PREP</p> <p>10 program in Ohio.</p> <p>11 Q. And does PPSWO create any of its own</p> <p>12 materials or brochures or presentations pursuant to</p> <p>13 PREP, or does it rely solely on ODH materials?</p> <p>14 A. I'm not aware that they create any --</p> <p>15 that they create any materials of their own.</p> <p>16 Q. And so --</p> <p>17 A. They use the curriculum.</p> <p>18 Q. So you're not aware that PPSWO would</p> <p>19 create any materials of its own?</p> <p>20 A. I'm not aware that PPSWO creates any</p> <p>21 materials of its own.</p> <p>22 Q. Thank you. I just wanted to make sure I</p> <p>23 was understanding the "they" to be PPSWO.</p> <p>24 A. Yes.</p> <p>25 Q. So as far as you know, they simply use</p>
<p style="text-align: right;">Page 58</p> <p>1 positions that you indicated could be terminated in</p> <p>2 the event this law takes place; is that correct?</p> <p>3 A. That's correct.</p> <p>4 Q. Is that still something that's being</p> <p>5 considered?</p> <p>6 A. Yes.</p> <p>7 Q. Do you know whether -- did you say it's</p> <p>8 a she?</p> <p>9 A. She.</p> <p>10 Q. Do you know whether she would be hired</p> <p>11 by one of the other alternate providers to continue</p> <p>12 providing these PREP services?</p> <p>13 A. I have no idea.</p> <p>14 Q. You don't know whether there were</p> <p>15 already plans in place for her to provide services</p> <p>16 under another program?</p> <p>17 A. Not that I was aware of.</p> <p>18 Q. If PPSWO were to offer the alternate</p> <p>19 education program that you've described, would the VP</p> <p>20 of Education be retained to provide services under</p> <p>21 that alternate program?</p> <p>22 A. No.</p> <p>23 Q. Who would be responsible for providing</p> <p>24 those services for PPSWO?</p> <p>25 A. The program would be directed by the</p>	<p style="text-align: right;">Page 60</p> <p>1 the ODH curriculum?</p> <p>2 A. Right.</p> <p>3 Q. Okay.</p> <p>4 A. As far as I know.</p> <p>5 MR. SCHOENFELD: Ryan, are you almost</p> <p>6 done with PREP?</p> <p>7 MS. RICHARDSON: Yes, actually. Is now</p> <p>8 a good time to take a break?</p> <p>9 MR. SCHOENFELD: If you're almost done</p> <p>10 with PREP.</p> <p>11 MS. RICHARDSON: That was my last</p> <p>12 question. It's 10:23, so ten-minute break, does that</p> <p>13 work? Come back at 10:35?</p> <p>14 MR. SCHOENFELD: Yes.</p> <p>15 (Recess taken.)</p> <p>16 By Ms. Richardson:</p> <p>17 Q. Before the break we were walking through</p> <p>18 some of the programs that are outlined in the law</p> <p>19 that's being challenged in this case, and I wanted to</p> <p>20 ask -- you mentioned a number of different programs.</p> <p>21 One that I don't think you mentioned is</p> <p>22 the OIMRI, or healthy moms, healthy babies program.</p> <p>23 Are you familiar with that?</p> <p>24 A. We don't have that program.</p> <p>25 Q. Thank you. That was exactly my</p>

<p style="text-align: right;">Page 61</p> <p>1 question. And so I'd like to move then to what we  2 agreed we'd call the BCCP program. And can you  3 describe generally what services PPSWO provides under  4 the BCCP program? And I apologize to the Court  5 Reporter.  6 A. Breast and cervical cancer screenings.  7 Q. And is this a program where you contract  8 directly with ODH, or do you contract with  9 subgrantees like the counties?  10 A. We contract with ODH.  11 Q. And is this a grant program?  12 A. No.  13 Q. How does the program work with ODH?  14 A. This is my understanding. ODH runs the  15 BCCP sort of eligibility center, and so when someone  16 who's eligible for the program gets cleared by the  17 center, they are referred to a provider. The patient  18 is referred to the provider.  19 The patient arrives with a voucher. We  20 provide the service, and then we use the voucher to  21 bill.  22 Q. And what do you mean you use the voucher  23 to bill?  24 A. We take the voucher and we turn it in  25 for money.</p>	<p style="text-align: right;">Page 63</p> <p>1 A. Well, we know because they come with a  2 voucher that they have been cleared and what they are  3 seeking is breast and/or cervical cancer screening.  4 And that's what the clinician then in the health  5 center that they come to gives them, a breast exam, a  6 pap, a pelvic, whatever the specific medical service  7 is needed to accomplish the breast and cervical  8 cancer screening.  9 Q. Are those services dictated by the  10 program, or would PPSWO determine what specific  11 testings need to be run to screen for cervical or  12 breast cancer?  13 A. I don't know.  14 Q. And which centers provide services under  15 the BCCP program?  16 A. All of them could.  17 Q. Do you know whether they all do?  18 A. All of the family planning centers can  19 do it.  20 Q. Thank you. Do you know whether they all  21 do provide those services?  22 A. I don't.  23 Q. Do the PPSWO locations provide breast  24 and cervical cancer screenings to people outside of  25 the BCCP eligibility program?</p>
<p style="text-align: right;">Page 62</p> <p>1 Q. Turn it into ODH?  2 A. Yeah, or to the BCCP, which I think is  3 ODH.  4 Q. Thank you. And do you receive  5 dollar-for-dollar compensation with that voucher?  6 A. I'm not sure what you mean by  7 dollar-for-dollar.  8 Q. It was a very bad question. I  9 apologize. So what is the cost to PPSWO to provide  10 services under the BCCP program?  11 A. I don't know.  12 Q. Does the voucher carry a particular  13 monetary amount?  14 A. I think so.  15 Q. Do you know what that amount is?  16 A. I don't.  17 Q. And who would I ask about that?  18 A. Lee Bower would probably know.  19 Q. And so if a patient receives a referral  20 through the BCCP eligibility center, do you know how  21 the BCCP center determines which provider to send the  22 patient to?  23 A. I don't.  24 Q. And from PPSWO's perspective, when a  25 patient comes in with a voucher, what happens next?</p>	<p style="text-align: right;">Page 64</p> <p>1 A. Yes.  2 Q. And under what circumstances would the  3 locations provide those tests?  4 A. It could be by patient request. More  5 likely it's by clinical determination; that is  6 looking at signs and symptoms by the clinician who  7 then might decide gee, I believe this person needs a  8 colposcopy to determine whether there's signs of  9 cancer, or something like that.  10 A breast, obviously you'd be looking for  11 breast masses. If someone gets an annual exam they  12 get all of that.  13 Q. And what about patients who are  14 receiving abortion services, are there circumstances  15 where they would receive these screenings?  16 A. No.  17 Q. Why not?  18 A. That's not a service we provide in our  19 surgical center.  20 Q. Are there patients who might be treated  21 or receive these screenings, the cervical and breast  22 cancer screenings, who would be referred to your  23 surgery center for abortion services?  24 MR. SCHOENFELD: Objection.  25 THE WITNESS: It's possible.</p>



<p style="text-align: right;">Page 65</p> <p>1 By Ms. Richardson:</p> <p>2 Q. And under what circumstances would that</p> <p>3 occur?</p> <p>4 A. A patient might be referred by BCCP,</p> <p>5 come in, be determined to be pregnant or already</p> <p>6 knows that she is pregnant, and the staff members in</p> <p>7 the health center would do what we call options</p> <p>8 counseling, and if the patient thought that she might</p> <p>9 want an abortion, would be given a list of abortion</p> <p>10 providers including us, and could end up making an</p> <p>11 appointment at the surgical center.</p> <p>12 Q. And the options counseling, where does</p> <p>13 that take place?</p> <p>14 A. It actually takes place -- it could take</p> <p>15 place in both -- let me start over.</p> <p>16 Your question. It could take place in</p> <p>17 the health center that the patient comes to to begin</p> <p>18 with, and it would also take place on the first day</p> <p>19 in the surgical center, when the first day</p> <p>20 appointment is made.</p> <p>21 Q. And so to go back to the example we were</p> <p>22 using about the patient who comes in with a BCCP</p> <p>23 voucher and is determined to be pregnant, first of</p> <p>24 all, would the patient have to ask for a pregnancy</p> <p>25 test, or is that something you would do</p>	<p style="text-align: right;">Page 67</p> <p>1 planning health center.</p> <p>2 By Ms. Richardson:</p> <p>3 Q. And that would be the nurse practitioner</p> <p>4 who is otherwise providing the screenings and --</p> <p>5 A. Yeah, she's the clinician in charge.</p> <p>6 Q. And what would that options counseling</p> <p>7 entail?</p> <p>8 A. It basically consists of three</p> <p>9 possibilities that a pregnant woman could consider;</p> <p>10 carry to term, adoption, or abortion. So we say you</p> <p>11 could do this, or you might decide I will. You might</p> <p>12 want adoption; here is a list of adoption agencies.</p> <p>13 Here is a list of available abortion services.</p> <p>14 Q. And that's where you said that would</p> <p>15 include the PPSWO's surgical center among others?</p> <p>16 A. Yes.</p> <p>17 Q. And so are there particular materials</p> <p>18 that are routinely provided to a patient receiving</p> <p>19 options counseling?</p> <p>20 A. I don't think so in the family planning</p> <p>21 health centers.</p> <p>22 Q. What about in other locations?</p> <p>23 A. Well, the option counseling also takes</p> <p>24 place on the first day in the abortion center, if the</p> <p>25 patient is at all uncertain about the choice that she</p>
<p style="text-align: right;">Page 66</p> <p>1 automatically?</p> <p>2 A. They usually ask. There might be a</p> <p>3 situation where a clinician looking at clinical</p> <p>4 signs, as I said, would say I think -- or history</p> <p>5 might say, you know, pregnancy test.</p> <p>6 Q. Is a pregnancy test a medical</p> <p>7 prerequisite for any of the screening tests that</p> <p>8 would be provided?</p> <p>9 A. Not that I know of.</p> <p>10 Q. And so who -- starting with the BCCP</p> <p>11 services, the screening tests -- and again, we're --</p> <p>12 hypothetical patient who comes in with a voucher, who</p> <p>13 would provide the breast and cervical cancer</p> <p>14 screening test for that patient?</p> <p>15 A. The clinician. Our clinicians are</p> <p>16 advanced practice nurses, also called nurse</p> <p>17 practitioners.</p> <p>18 Q. And in the case of a patient who is</p> <p>19 determined to be pregnant either because she asks for</p> <p>20 a pregnancy test or one is suggested to her, who</p> <p>21 would provide the options counseling to her?</p> <p>22 MR. SCHOENFELD: Objection.</p> <p>23 THE WITNESS: It would most likely be</p> <p>24 the L.P.N. or the health care assistant. It could in</p> <p>25 some cases be the nurse practitioner in the family</p>	<p style="text-align: right;">Page 68</p> <p>1 wants to make, and we have the staff there who do</p> <p>2 that, and may give some materials.</p> <p>3 Q. And is the options counseling that a</p> <p>4 patient would receive at the surgical center the same</p> <p>5 substantively as what a patient would receive in one</p> <p>6 of the family planning centers?</p> <p>7 A. Basically.</p> <p>8 Q. Going back to the BCCP patient with the</p> <p>9 voucher, would that patient be charged anything</p> <p>10 outside of the voucher? In other words, would PPSWO</p> <p>11 assess a charge to that patient for the services?</p> <p>12 A. Not for that service.</p> <p>13 Q. And you clarify not for that service.</p> <p>14 Are there other services they might be charged for?</p> <p>15 A. Well, a patient could come in and say I</p> <p>16 need a breast and cervical cancer review, but I also</p> <p>17 want to get this, this, or this, or this, and so if a</p> <p>18 patient, for example, had a vaginal infection, the</p> <p>19 patient could be charged for that.</p> <p>20 Q. And would that be subject to the same</p> <p>21 fee structure or fee process that you described</p> <p>22 earlier?</p> <p>23 A. Yes.</p> <p>24 Q. And we have been talking about the fee</p> <p>25 charge. You mentioned that some patients have</p>

<p style="text-align: right;">Page 69</p> <p>1 insurance. How does it work differently, if at all, 2 if a patient actually has insurance? 3 MR. SCHOENFELD: Objection. 4 THE WITNESS: The people doing the 5 intake either at the call center or in the health 6 center, determine whether someone does have 7 insurance, whether they have Medicaid, and if they do 8 have Medicaid or insurance -- if it's insurance we 9 also have to determine co-payments and deductibles, 10 and so then the third party payer is billed for the 11 service. And if there's a co-payment or deductible, 12 the patient is asked to pay it. 13 By Ms. Richardson: 14 Q. And are there circumstances where a 15 patient with a BCCP voucher would have to pay a 16 co-pay in order to receive the BCCP services? 17 A. I don't think so. 18 Q. But again, if that patient is receiving 19 other services, they might have to pay a co-pay in 20 connection with those; is that accurate? 21 A. I don't know. And let me tell you why I 22 don't know. BCCP patients, as I understand it, are 23 nonMedicaid, people who don't have Medicaid, and so 24 if they don't have Medicaid I don't know whether 25 there's a rule that they also can't have insurance.</p>	<p style="text-align: right;">Page 71</p> <p>1 Q. Okay. And typically how long would it 2 take for a BCCP patient to get an appointment at 3 PPSWO? 4 A. We generally can get people with 5 appointments in within five days, sometimes less. 6 Q. And you mentioned that the clinician or 7 the nurse practitioner would most likely be the 8 person providing the actual screening to the patient. 9 I think you also mentioned some health 10 assistants and a few other acronyms. What other 11 PPSWO personnel would interact with the BCCP patient 12 from the time she enters the building? 13 A. Well, we have a category of employee 14 called health center assistant, and they are the 15 people who do a variety of things at the front desk, 16 greeting the patient, checking them in, checking them 17 out when they are finished. 18 We also have licensed practical nurses 19 who primarily work in what we call the back end, 20 which is where the clinician is. So you would 21 interact, if you were a patient BCCP, with health 22 center assistants, maybe two or three of them, an 23 L.P.N. almost certainly, and the clinician. 24 Q. How many clinicians would be -- well, 25 first of all, how many clinicians does PPSWO employ?</p>
<p style="text-align: right;">Page 70</p> <p>1 I just don't know. 2 Q. That's a fair point. Thank you for that 3 clarification. 4 So in other words, it may be part of the 5 eligibility of the BCCP program? 6 A. Yeah. 7 Q. And I believe you said in terms of the 8 cost to PPSWO, you're not sure what the expense would 9 involve for providing those BCCP screenings; is that 10 correct? 11 A. I'm not sure. 12 Q. Do you know whether it costs more than 13 the amount that PPSWO receives from ODH with a 14 voucher? 15 A. I do not know. 16 Q. If a patient has a BCCP voucher and they 17 are referred to PPSWO, do they have to call and make 18 an appointment to come in, or is that something they 19 can do on a walk-up basis? 20 A. We take patients both on an appointment 21 call and a walk-in basis. So there could be 22 circumstances in which someone could walk in. It's 23 more likely that that patient is going to call 24 because that's what the BCCP people are going to tell 25 them to do.</p>	<p style="text-align: right;">Page 72</p> <p>1 Do you know that number? 2 A. We have one clinician at each health 3 center, and we have, I think now, three clinicians 4 that we call floats who fill in when the assigned 5 clinician to a health center is on vacation or sick, 6 or unable to be there. 7 Q. And then approximately how many L.P.N.s 8 are employed by PPSWO? 9 A. Approximately ten. 10 Q. And how is that staff distributed among 11 the various locations? 12 A. Well, the staffing levels vary depending 13 upon patient volume. So the busiest health centers, 14 family planning, would most likely -- ideally most 15 likely have two L.P.N.s working with the clinician 16 because the volume is high. The least busy family 17 planning health centers would have one. 18 Q. And then how many of the -- I'm going to 19 get this wrong. 20 A. Health center assistants. 21 Q. Yeah. Thank you. 22 -- do you employ and how many would be 23 at each location? 24 A. At the busiest centers you would have 25 three. Right. And at the least busy centers you</p>

<p style="text-align: right;">Page 73</p> <p>1 would have two. So depending on the patient volume,  2 our health centers are basically staffed with either  3 four or six people.  4 Occasionally we have such volume at one  5 of our health centers that we have put two clinicians  6 in in order to handle the volume, and then you have  7 to add L.P.N.s and sometimes you have to add health  8 center assistants just to handle the volume.  9 Q. And which location is that?  10 A. Dayton is the busiest.  11 Q. And what does an L.P.N. do versus what  12 the clinician would do?  13 A. A clinician -- a clinician is an  14 advanced practical nurse, Master's Degree level, you  15 know, one step below a doctor. An L.P.N. is really a  16 clinician's assistant who has medical training, but  17 it's L.P.N. training, which I don't know how you  18 would describe L.P.N. training, but that's what it  19 is.  20 Q. Okay. Thank you.  21 A. So they get the room ready, they might  22 do some tests, get, you know -- things like that, but  23 not the actual BCCP work.  24 Q. Thank you. That makes sense. So the  25 L.P.N. might take blood pressure or those sort of</p>	<p style="text-align: right;">Page 75</p> <p>1 if this challenged law goes into effect?  2 A. No.  3 Q. I think that brings us to VAWA, and I  4 know you mentioned that a little bit earlier, but  5 could you just generally describe what the VAWA  6 program is in terms of PPSWO's services?  7 A. VAWA is an educational program focused  8 on basically teenagers, and it is designed -- it's a  9 sex-ed program, but it's -- the term "sex-ed" has  10 broader meaning than you might think.  11 And it's basically focused on preventive  12 educational work to prevent violence, sexual  13 violence, again, healthy relationships, among that  14 population.  15 Q. Are there particular audiences that you  16 focus on -- you mentioned teenagers?  17 A. It's school-based.  18 Q. Are there particular schools that you  19 work with, or how do you determine who will receive  20 the training under the VAWA program?  21 A. There are particular schools. I don't  22 know how they are determined.  23 Q. Is the program offered through the  24 school, or is it -- do you know how --  25 A. I don't know.</p>
<p style="text-align: right;">Page 74</p> <p>1 basic things when you walk in, and then hand over to  2 the clinician; is that fair?  3 A. That's correct. Blood test, they might  4 do blood pressure, temperature, you know, standard  5 stuff.  6 Q. Makes perfect sense. Thank you. And so  7 in preparation for the law that is challenged here  8 what steps did PPSWO take with respect to BCCP,  9 specifically?  10 A. We alerted the health center staff  11 people, particularly the managers, that if the law  12 became effective we would no longer be able to take  13 BCCP patients or BCCP vouchers.  14 Q. And so PPSWO would continue to provide  15 breast and cervical cancer screening services; is  16 that correct?  17 A. Yes.  18 Q. But if a patient goes to the BCCP  19 eligibility center they would be sent somewhere other  20 than PPSWO; is that fair?  21 A. I think BCCP would take PPSWO off the  22 list.  23 Q. Of places to refer the patients to?  24 A. Yes.  25 Q. Any other changes that PPSWO would make</p>	<p style="text-align: right;">Page 76</p> <p>1 Q. Do you know whether PPSWO develops  2 particular training manuals?  3 A. There's a curriculum for VAWA that is  4 State approved.  5 Q. So you said State approved?  6 A. ODH.  7 Q. So PPSWO would develop it and submit it  8 to ODH for approval, is that --  9 A. I'm not sure exactly what the process  10 would be. There could be -- well, there are other  11 VAWA recipients, so there could be kind of a  12 collaborative development process between the  13 providers and like PPSWO and ODH. I just don't have  14 much information about that.  15 Q. And you mentioned there are other VAWA  16 recipients. Do you mean other service providers who  17 receive money to provide similar VAWA training? Is  18 that what you're referring to?  19 A. I believe there are others in the State.  20 Q. And so you weren't sure whether the  21 various VAWA recipients work together to come up with  22 a curriculum, is that --  23 A. Yeah, or whether they work with ODH to  24 decide on the curriculum. But the curriculum is  25 delivered as ODH approved.</p>

<p style="text-align: right;">Page 77</p> <p>1 Q. And apart from that State approved, the</p> <p>2 ODH approved material, to your knowledge, PPSWO does</p> <p>3 not develop any other supplemental training</p> <p>4 materials?</p> <p>5 A. To my knowledge, that's correct.</p> <p>6 Q. How is staffing provided for the VAWA</p> <p>7 program for PPSWO, specifically?</p> <p>8 A. The VAWA program is staffed by our</p> <p>9 educator team. So they are assigned a certain amount</p> <p>10 of their time to implement the VAWA program based on</p> <p>11 the amount of the grant funding that we get for that.</p> <p>12 Most of them, not all, also work on the</p> <p>13 PREP program. So there's an allocation of time to</p> <p>14 those two. They both require trained educators.</p> <p>15 Q. Outside of the PREP program and the VAWA</p> <p>16 program, are there other training programs that PPSWO</p> <p>17 would use that education team for?</p> <p>18 A. Yes.</p> <p>19 Q. What would those consist of?</p> <p>20 A. One that I am aware of, we do what is</p> <p>21 called a sex-ed boot camp every year, which is</p> <p>22 training sex-ed educators. It's a three-day program.</p> <p>23 Q. And that would be provided by the same</p> <p>24 education team that you referred to?</p> <p>25 A. Yeah.</p>	<p style="text-align: right;">Page 79</p> <p>1 programs would they be involved in?</p> <p>2 A. They handle internal training for staff</p> <p>3 members such as customer service training. We have a</p> <p>4 fairly robust structured customers service training</p> <p>5 that is done periodically throughout.</p> <p>6 We have an annual staff retreat, all</p> <p>7 staff. They work on the program for that retreat.</p> <p>8 They work with other staff who have training</p> <p>9 responsibility, but are not so good at it, to improve</p> <p>10 their training skills. That's the sort of thing that</p> <p>11 they do.</p> <p>12 Q. Do they have any role in providing</p> <p>13 education or counseling to patients who receive</p> <p>14 abortion services?</p> <p>15 A. No.</p> <p>16 Q. So apart from VAWA, PREP, and the boot</p> <p>17 camp, are there any other external training programs</p> <p>18 that they provide?</p> <p>19 A. This year I think in August we -- they</p> <p>20 are putting on a sex-ed conference.</p> <p>21 Q. And who will be the audience for that</p> <p>22 conference?</p> <p>23 A. People who already engage in sex-ed</p> <p>24 work, and probably people who want to be; you know,</p> <p>25 kind of a typical conference group.</p>
<p style="text-align: right;">Page 78</p> <p>1 Q. How many total employees are part of</p> <p>2 PPSWO's education team?</p> <p>3 A. I'm counting. Four not including the</p> <p>4 Vice-President of Education.</p> <p>5 Q. And where are they housed?</p> <p>6 A. They are in the field a lot because</p> <p>7 that's how the training is delivered. A couple of</p> <p>8 them have offices in our Dayton building, and a</p> <p>9 couple have offices at our Cincinnati building. One</p> <p>10 person has an office at each place, and one is</p> <p>11 located in Springfield, but works out of Dayton.</p> <p>12 Q. And with the exception of the</p> <p>13 Vice-President of Education, these other four</p> <p>14 employees would continue to be employed by PPSWO if</p> <p>15 the challenged law takes effect; is that correct?</p> <p>16 A. It's up in the air as to whether and how</p> <p>17 long we could continue to employ the educator team.</p> <p>18 Q. And you mentioned this boot camp that's</p> <p>19 provided. How is that program funded?</p> <p>20 A. The participants pay for it.</p> <p>21 Q. And what's the charge for that?</p> <p>22 A. I don't know.</p> <p>23 Q. What other training programs -- well,</p> <p>24 focusing specifically on this educator team, what</p> <p>25 other responsibilities would they have or other</p>	<p style="text-align: right;">Page 80</p> <p>1 Q. And will that be -- will there be a fee</p> <p>2 charged for participants?</p> <p>3 A. Yes.</p> <p>4 Q. Do you know what that fee will be?</p> <p>5 A. I don't.</p> <p>6 Q. Is that something that you'll receive</p> <p>7 any funding for, or will it be exclusively paid for</p> <p>8 through the fees that the participants pay?</p> <p>9 A. I think it will be paid for exclusively</p> <p>10 with the fees.</p> <p>11 Q. Going back to VAWA for a minute. Do you</p> <p>12 know what the costs or expenses are for PPSWO for</p> <p>13 providing the VAWA training?</p> <p>14 A. No, other than that it is more than what</p> <p>15 we get in the grant.</p> <p>16 Q. Do you know how much more?</p> <p>17 A. I don't. I know how much the grant is.</p> <p>18 That one is in my head.</p> <p>19 Q. And how much is the grant?</p> <p>20 A. 65,000.</p> <p>21 Q. And so the expenses would exceed 65,000?</p> <p>22 A. Yes. A year.</p> <p>23 Q. Thank you. And if the challenged law</p> <p>24 takes effect, what changes if any would PPSWO make to</p> <p>25 the VAWA program?</p>

<p style="text-align: right;">Page 81</p> <p>1 A. We wouldn't have it anymore.</p> <p>2 Q. Would you provide any type of alternate</p> <p>3 training source -- let me rephrase that.</p> <p>4 Would you provide any type of alternate</p> <p>5 training program where you would offer similar types</p> <p>6 of training outside of the VAWA program?</p> <p>7 A. We are looking at the possibility of a</p> <p>8 different sex-ed program.</p> <p>9 Q. Would that similarly be focused on</p> <p>10 teenagers?</p> <p>11 A. The one we're looking at is focused on</p> <p>12 school kids, so there's an elementary component, a</p> <p>13 middle school component, and a high school component.</p> <p>14 Q. And so that would be essentially the</p> <p>15 same audience that was previously covered by the VAWA</p> <p>16 program; is that fair?</p> <p>17 MR. SCHOENFELD: Objection.</p> <p>18 THE WITNESS: Same demographic, but not</p> <p>19 necessarily the same material.</p> <p>20 By Ms. Richardson:</p> <p>21 Q. And has the decision been made to</p> <p>22 provide this alternate training program?</p> <p>23 A. We're looking at trying to do it. We</p> <p>24 don't know how long.</p> <p>25 Q. You don't know how long it --</p>	<p style="text-align: right;">Page 83</p> <p>1 determination has been made that PPSWO could afford</p> <p>2 to provide this alternate program until June 30th,</p> <p>3 2017, and then you will reevaluate from that point?</p> <p>4 MR. SCHOENFELD: Objection.</p> <p>5 THE WITNESS: The words that I'm</p> <p>6 struggling with are "can afford". I would say that</p> <p>7 the determination has been made that if we lose this</p> <p>8 program we would continue at least for the fiscal</p> <p>9 year to have an education program, not because we can</p> <p>10 afford it, but because we're committed to doing it.</p> <p>11 By Ms. Richardson:</p> <p>12 Q. But you can continue operating with that</p> <p>13 level of deficit through at least June 30th of 2017</p> <p>14 and provide the program?</p> <p>15 A. Yes.</p> <p>16 Q. Thank you for that clarification. And</p> <p>17 so when will you begin providing services under the</p> <p>18 alternate program?</p> <p>19 A. When we know that we no longer have the</p> <p>20 VAWA and PREP grants for the current program.</p> <p>21 Q. And so are you prepared then -- if this</p> <p>22 law is upheld and takes effect, are you prepared at</p> <p>23 that point in time to begin offering services under</p> <p>24 the alternate program?</p> <p>25 A. It would be a ramp up, but yes.</p>
<p style="text-align: right;">Page 82</p> <p>1 A. How long we could do it.</p> <p>2 Q. Okay.</p> <p>3 A. Because it falls into that deficit issue</p> <p>4 again; how much can we add to the deficit in order to</p> <p>5 continue providing a service like that in the absence</p> <p>6 of the grant.</p> <p>7 Q. And do you have an estimate of how much</p> <p>8 this alternate program would cost PPSWO?</p> <p>9 A. I can't remember what the estimate is,</p> <p>10 but it has been estimated.</p> <p>11 Q. And was a determination made that PPSWO</p> <p>12 could afford, at least in the near term, to offer</p> <p>13 this training program?</p> <p>14 A. Near term.</p> <p>15 Q. And so is that yes, in the near term?</p> <p>16 A. Yes, in the near term. Sorry.</p> <p>17 Q. That's okay. And do you have a ballpark</p> <p>18 estimate of how you would define "near term"?</p> <p>19 A. We have been thinking that we would at</p> <p>20 least try to do it during the current -- for the rest</p> <p>21 of the current fiscal year, which just started. So</p> <p>22 it could -- I mean, basically until June 30th of</p> <p>23 2017, and we would be reviewing in the spring of '17</p> <p>24 whether we could continue or not.</p> <p>25 Q. Okay. So is it fair to say then that a</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. I'm going to switch gears a little bit</p> <p>2 here -- well, first of all, are there any other</p> <p>3 programs that you believe to be impacted by the law</p> <p>4 that's challenged here?</p> <p>5 A. We talked about HIV, we talked about</p> <p>6 STD, we talked about BCCP, we talked about VAWA, we</p> <p>7 talked about PREP. Those are the five that the law</p> <p>8 would effect for us.</p> <p>9 Q. And so apart from the various things</p> <p>10 you've already described here today, are there any</p> <p>11 other programs that would be affected at PPSWO if</p> <p>12 this law takes effect?</p> <p>13 A. Grant programs? I'm not quite sure.</p> <p>14 Q. Basically are there any other services</p> <p>15 that PPSWO provides, or programs that it provides,</p> <p>16 that would be impacted if this law takes effect apart</p> <p>17 from what we have already talked about today?</p> <p>18 A. No other services or programs would be</p> <p>19 affected.</p> <p>20 Q. And I'm going to hand you what we'll</p> <p>21 mark as Exhibit 2, and I will represent to you that</p> <p>22 these are the interrogatories that were completed by</p> <p>23 PPSWO in this case.</p> <p>24 (EXHIBIT MARKED FOR IDENTIFICATION.)</p> <p>25 By Ms. Richardson:</p>

<p style="text-align: right;">Page 85</p> <p>1 Q. And I'll give you a moment to take a 2 look at that if you need it. 3 A. I was waiting for you to tell me what to 4 look at. 5 Q. Okay. Well, let me start here. Have 6 you seen this document prior to today? 7 A. Yes. 8 Q. And is it your understanding that these 9 are interrogatories that PPSWO completed in this 10 litigation? 11 A. Yes. 12 Q. And if you look at the response to 13 Interrogatory No. 1, and it asks there who was 14 responsible for completing the interrogatory. 15 A. Yes. 16 Q. And that states your name there in 17 answer; is that correct? 18 A. That is correct. 19 Q. And did you in fact prepare the 20 responses to these interrogatories? 21 A. Not totally by myself, but with counsel 22 help I did. 23 Q. And outside of counsel, did anyone else 24 assist you in preparing responses to these 25 interrogatories?</p>	<p style="text-align: right;">Page 87</p> <p>1 Q. We have talked a lot about various 2 employees. As a general matter, how are payroll 3 expenses paid for by PPSWO? 4 A. I'm not sure I understand the question. 5 Q. Is there -- apart from just your general 6 fund, would there be any particular account or fund 7 that would be used to pay for payroll expenses? 8 MR. SCHOENFELD: I mean, Mr. Lawson is 9 free to answer. I think that's a question better 10 referred to somebody else. 11 MS. RICHARDSON: Okay. Thank you. 12 By Ms. Richardson: 13 Q. And so I'm just -- I think we have 14 covered most of what is provided in these 15 interrogatories already today, but I just want to 16 walk through a couple of things. If on any of these 17 either you or counsel want to let me know if it's 18 something that will be covered later this afternoon 19 with the COO testimony, just let me know. 20 A. Okay. 21 Q. In response to Interrogatory 2, if you 22 go down to the bottom of the Page 4. 23 A. Okay. 24 Q. Starting with the sentence, "Mr. Lawson 25 has knowledge of the PPSWO programs affected by</p>
<p style="text-align: right;">Page 86</p> <p>1 A. Other staff. 2 Q. And who specifically would have assisted 3 you? 4 A. [REDACTED], the VP of Education. 5 Lee Bower, COO. I might have asked a couple of 6 questions of [REDACTED], who is our director of 7 clinical services. 8 Q. And what are the responsibilities of the 9 director of clinical services? 10 A. She's responsible for oversight of the 11 whole health center operation. 12 Q. And so would that include all of the 13 services that we have been describing today? 14 A. It wouldn't include VAWA and PREP. It 15 didn't include HIV. It would include BCCP and STD. 16 Q. And would that also include the abortion 17 services? 18 A. Yes. 19 Q. And do you have just one director of 20 clinical services? 21 A. Yes. 22 Q. And where is she located in terms of her 23 office? 24 A. She's located at the administrative 25 office on Auburn.</p>	<p style="text-align: right;">Page 88</p> <p>1 Section 3701.034, PPSWO's finances, and the impact 2 that Section 3701.034, if it's allowed to take 3 effect, would have on PPSWO and its programming, as 4 well as on the Ohioans who depend on PPSWO for 5 education and care." Did I read that correctly? 6 A. You did. 7 Q. And is that a true statement? 8 A. It's true that I have a level of 9 knowledge of it. 10 Q. And I think we covered the impact of 11 Section 3701.034 today. Is there anything else that 12 you would describe as falling kind of in that 13 category of alleged impact of 3701.034? 14 MR. SCHOENFELD: Objection. 15 THE WITNESS: I think before I answer 16 that one I would like to consult with counsel. Can I 17 do that? 18 By Ms. Richardson: 19 Q. Typically you cannot consult with 20 counsel on how to answer a question unless you are 21 concerned it may involve attorney/client privilege. 22 MR. SCHOENFELD: Is the question meant 23 to get -- this specifies the effect that it would 24 have on PPSWO and its programming, as well as the 25 Ohioans. Is it meant to get at the Ohioans, or PPSWO</p>

and its program?

MS. RICHARDSON: That's a fair question.

By Ms. Richardson:

Q. We'll start with PPSWO and its programs.

Anything factually beyond what you've described today in terms of impact?

A. Can you tell me what -- how you interpret the word programming, programs?

Q. This is your word or counsel's word, and so that's what I'm trying to understand in terms of this says you have knowledge of programming, and so I think that probably relates to the things we have already discussed today, but I'm just making sure that I understand correctly this answer.

■ [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

■ [REDACTED]  
 [REDACTED]

■ [REDACTED]  
 [REDACTED]  
 [REDACTED]

[illegible]

Q. I'd like to turn then to Interrogatory No. 3, and the response to that begins on Page 8. Feel free to take a moment to review if you'd like.

A. You're asking me to look at the response to Interrogatory 3?

Q. Correct.

[illegible]

A. Okay. So the substantive part of it begins on 8.

Q. On 8. Thank you for clarifying. So the interrogatory itself is on Page 7, and there are some objections also listed on Page 7, and the substantive response begins at the top of Page 8.

MR. SCHOENFELD: Sorry, I may have missed it. Is there a question pending, or did you just ask him to look at it?

MS. RICHARDSON: I wanted to give him a moment to review.

THE WITNESS: I'm doing that.

(Pause.)

THE WITNESS: Okay.

By Ms. Richardson:

Q. And so I think, again, most of this we have already talked about, I just want to make sure I understand a couple of the points listed in here.

And so if you move down to about the middle of the second full paragraph there, and it begins with, "Second, PPSWO will no longer be able..."

A. I'm there.

Q. Okay. "Second, PPSWO will no longer be able to provide testing and treatment for sexually

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1 transmitted diseases without charge to the patients  
2 who currently qualify under the STD Prevention  
3 Program, or breast and cervical health services  
4 without charge under the BCCP."

5 And so I just want to clarify, my  
6 understanding based on what we have talked about  
7 today is you would no longer be providing those  
8 services under the programs, but PPSWO would continue  
9 to provide testing and treatment for sexually  
10 transmitted infections, correct?

11 MR. SCHOENFELD: Objection. I think  
12 that misstates the interrogatory response.  
13 By Ms. Richardson:

14 Q. I'll rephrase. So let me -- did I  
15 correctly read the sentence that starts with "Second"  
16 on Page 8?

17 A. I didn't hear "without charge".

18 Q. Let me read it again just so we can make  
19 sure. "Second, PPSWO will no longer be able to  
20 provide testing and treatment for sexually  
21 transmitted diseases without charge to patients who  
22 currently qualify under the STD Prevention Program,  
23 or breast and cervical health services without charge  
24 under the BCCP." Did I read that correctly?

25 A. You did read that correctly.

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1 Q. Okay. Thank you. And so as I  
2 understand that in light of the testimony that's been  
3 provided today, you will no longer be able to provide  
4 services without charge under the specific programs  
5 we have talked about that are outlined in the  
6 challenged law; is that correct?

7 A. Yes.

8 Q. But PPSWO will continue to provide STD  
9 treatment and testing even if this law takes effect;  
10 is that correct?

11 A. Yes, but not without charge.

12 Q. And patients would be charged under the  
13 existing fee structure that PPSWO has in place for  
14 these services; is that correct?

15 A. Yes.

16 Q. And same for BCCP, PPSWO will continue  
17 to provide breast and cervical health services,  
18 correct?

19 A. Yes.

20 Q. They simply will not be used as a  
21 referral for those patients who receive a voucher  
22 from the BCCP eligibility program; is that correct?

23 A. That's correct.

24 Q. And going down a little bit further  
25 where it starts with, "Third."

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1 A. Yeah.

2 Q. "Third, PPSWO will have to cease - and  
3 indeed has already ceased - providing HIV testing and  
4 treatment to patients without charge under the HIV  
5 Prevention Program." Did I read that correctly?

6 A. Yes.

7 Q. And again, just to clarify, that's  
8 referring specifically to the HIV Prevention Program  
9 that is outlined in the challenged statute, correct?

10 A. Yes.

11 Q. And as you've discussed today, those  
12 services have now been transferred over to Caracole;  
13 is that correct?

14 MR. SCHOENFELD: Objection. Misstates  
15 prior testimony.

16 By Ms. Richardson:

17 Q. Is that a fair characterization of your  
18 testimony?

19 A. I think what I -- I'm trying to  
20 remember. I think what I said was I don't know for  
21 sure what services they are providing, but the staff,  
22 three of the three-and-a-half, have now been employed  
23 by Caracole.

24 Q. And it's your understanding that  
25 Hamilton County now contracts with Caracole for the

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1 provision of services under the HIV Prevention  
2 Program, correct?

3 A. Yes, that is correct.

4 Q. And there are still other HIV programs  
5 that PPSWO participates in, correct?

6 MR. SCHOENFELD: Objection.

7 THE WITNESS: We provide HIV testing  
8 services to patients who are not participating in the  
9 HIV Prevention Program.

10 By Ms. Richardson:

11 Q. And you will continue to do so  
12 regardless of this law taking effect, correct?

13 A. Yes.

14 Q. And I believe you mentioned there are  
15 also some other HIV related grants that are not  
16 impacted by the challenged law in this case, correct?

17 A. No.

18 Q. Did I misunderstand? I thought your  
19 testimony earlier was that there is a separate grant  
20 program under which PPSWO receives funding that will  
21 not be impacted by the provision of the challenged  
22 law; is that correct?

23 MR. SCHOENFELD: Objection.

24 THE WITNESS: You are, I think,  
25 referring to the ODH grant for HIV which we have been



<p style="text-align: right;">Page 97</p> <p>1 told will not be affected by this law.  2 By Ms. Richardson:  3 Q. Thank you. Thank you. Thank you for  4 clarifying that.  5 A. And thank you for reminding me.  6 Q. And then I'd like to direct your  7 attention to Page 9, the response to Interrogatory  8 No. 4. And is it fair to say that this outlines  9 various steps that PPSWO took in anticipation of the  10 implementation of Section 3701.034?  11 A. Yes.  12 Q. And you listed here under this first  13 bullet, "Beginning to develop an alternative  14 education program to be implemented in the event that  15 the programs funded by PREP and VAWA were no longer  16 available." Did I read that correct?  17 A. Yes, you did.  18 Q. And are those the alternate programs  19 that you've described here today?  20 MR. SCHOENFELD: Objection.  21 THE WITNESS: That refers to the program  22 that I described that was going to be focused on sex  23 education for elementary, middle, high school and  24 college.  25 By Ms. Richardson:</p>	<p style="text-align: right;">Page 99</p> <p>1 Q. And would this be someone who would have  2 reported to the VP of Education?  3 A. Actually she reported to Manager of  4 Training and Education.  5 Q. And why was she selected to be laid off?  6 A. Are you asking why was this particular  7 person, or why was this position?  8 Q. Why was this position. Thank you for  9 that clarification.  10 A. Okay. Because looking ahead at the  11 possibility that we would lose the VAWA and PREP, and  12 looking at how much additional money we were putting  13 in to sustain those programs, we decided now was the  14 time to reduce the staff so that the differential  15 between the grants and what we were spending would be  16 reduced.  17 Q. And in the event that you're successful  18 in this lawsuit and the law is struck down, would you  19 rehire someone -- either this person or a replacement  20 for that position?  21 A. No.  22 Q. And then you mentioned in this last  23 bullet point, "Changing the job description of the  24 Grants Manager." Did I read that correctly?  25 A. Yes, you did.</p>
<p style="text-align: right;">Page 98</p> <p>1 Q. And then did I understand correctly that  2 there would also be another alternate education  3 program that's being considered as a replacement for  4 PREP?  5 A. No.  6 Q. Okay. Is there -- and perhaps I just  7 completely got confused. So aside from this sex  8 education program, is there another alternate  9 education program that's being considered by PPSWO?  10 A. No.  11 Q. So it's just this one program?  12 A. Yes.  13 Q. And then if you go down to the third  14 bullet point it states, "Eliminating one health  15 educator in the education department and laying off  16 the employee who had been in that position." Who is  17 that referring to? Who was laid off within the  18 education department?  19 A. It was --  20 MS. BRANCH: Do you need a name?  21 By Ms. Richardson:  22 Q. You can give me a position or initial.  23 A. It was a health educator. That's the  24 category in the job -- in our job list, health  25 educator.</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. What are you referring to in that bullet  2 point?  3 A. The Grants Manager had a significant  4 allocation of her time to work in maintaining and  5 complying with VAWA, PREP, and HIV, and so in  6 anticipation that we might not have those programs  7 anymore, and knowing in fact that we didn't have the  8 HIV program anymore for Hamilton County, we revised  9 her job description to focus on finding other grant  10 opportunities for other aspects of our PPSWO  11 operation.  12 Q. And is that something that she has been  13 successful in doing since you changed that  14 description? In other words, has she successfully  15 located other sources of grants funding?  16 A. No. And she resigned as of July  17 the 5th.  18 Q. And was that -- what was the basis of  19 that resignation?  20 A. I don't know. She made up her mind that  21 she resigned.  22 Q. But it's not related to the law that's  23 being challenged in this case or any of the things  24 that we have discussed?  25 A. Not to my knowledge. Not to my</p>

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1 knowledge.

2 Q. I'll ask you to turn to Page 10, please.

3 A. I've got it. Okay.

4 Q. And I'll ask you to skip ahead to the  
5 third bullet point on Page 10. And it says,  
6 "Transferring HIV testing work previously done with  
7 grant funding under the HIV Prevention Program to  
8 another agency." What are you referring to there?

9 A. The transfer of the staff that was  
10 working in the HIV program for us over to Caracole  
11 when Hamilton County transferred the grant -- or  
12 actually they rebid and then re-awarded the grant to  
13 Caracole.

14 Q. And is it your understanding that  
15 Caracole will continue to operate under that grant  
16 regardless of what happens in this litigation?

17 A. That is my understanding.

18 Q. And relatedly, the employees who  
19 previously worked for PPSWO and now work for Caracole  
20 will continue to work for Caracole regardless of the  
21 outcome of this litigation; is that fair?

22 MR. SCHOENFELD: Objection.

23 THE WITNESS: Well, if they stop it  
24 won't be because of this defunding bill.

25 By Ms. Richardson:

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1 [REDACTED]  
2 There are other aspects obviously like  
3 the one I mentioned about evaluating how long -- how  
4 much money and for how long could we continue to  
5 support the alternative education program. That's  
6 another financial aspect that we have been  
7 evaluating.

8 Q. Any other overall analyses of the  
9 financial impact of the loss of funding?

10 A. I don't think so.

11 Q. And finally, the last bullet point here,  
12 "Exploring opportunities for raising additional funds  
13 from private donors." What are you referring to  
14 there, anything beyond what we have already discussed  
15 today?

16 A. Yeah. There's some more. We have a  
17 development department and we have a director of  
18 development who runs that department. So we have had  
19 discussions about how the development department  
20 would approach raising additional money in light of  
21 the possible defunding of all these programs.

22 Q. And what determinations did you reach?

23 A. We're going to do it.

24 Q. What do you mean by that?

25 A. I'm sorry. What we decided is that as a

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1 Q. Thank you. In other words, there are no  
2 plans in place to reemploy those employees who have  
3 been transferred over to Caracole from PPSWO; is that  
4 correct?

5 A. That's a different question. Are there  
6 plans to transfer them back?

7 Q. Correct.

8 A. If the litigation is successful, I would  
9 anticipate that we would be in discussions with both  
10 Caracole and Hamilton County about the possibility of  
11 returning the program to PPSWO, and that could mean  
12 bringing the staff back.

13 Q. And so what plans are currently in place  
14 today for PPSWO to essentially retake back the HIV  
15 Prevention Program?

16 A. No plans.

17 Q. And then the next bullet point here, the  
18 second-to-last one under Interrogatory 4, "Evaluating  
19 the financial impact of loss of funding to PPSWO."  
20 Is that something that I should talk about with the  
21 COO later today, or is that something you can discuss  
22 today?

23 [REDACTED]  
[REDACTED]  
[REDACTED]

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1 strategy we would not try to raise money for specific  
2 programs, like we're not going to go out and ask  
3 donors if they will fund VAWA or HIV, but we will try  
4 to raise additional financial support from donors in  
5 a more general way, and one of the arguments or one  
6 of the -- Let's call it an argument -- one of the  
7 selling points to donors is defunding, particularly  
8 around our education programs.

9 Q. And so then have you been successful in  
10 obtaining additional funding through this strategy?

11 A. No.

12 Q. Is that process ongoing?

13 A. Yes. The process of raising additional  
14 money from donors is ongoing, and one of the issues  
15 is the defunding problem.

16 Q. And what do you mean "one of the  
17 issues"?

18 A. Well, we make a case to donors for why  
19 you should double your contribution or give support,  
20 and one of the pieces of the case for some donors has  
21 been we are faced with this defunding threat, which  
22 means we would lose X, Y, and Z, and would not be  
23 able to do these things that we were doing before for  
24 our patients.

25 Q. And so when you say one of the issues is

26 (Pages 101 to 104)

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1 defunding, what do you mean?

2 MR. SCHOENFELD: Objection.

3 THE WITNESS: Well, I'm trying to  
4 visualize one of these appeals. There's sort of a  
5 positive side on an appeal that says these are the  
6 services we provide, they don't fully support  
7 themselves, and we need donor support, and we have a  
8 robust fundraising effort.

9 So you appeal to people who want to  
10 support the high quality reproductive health services  
11 and educational services that we provide that are  
12 known and respected in the community. So you have  
13 the positive side of the story.

14 And then you have your negatives, and in  
15 our case one of the negatives, big negatives, is this  
16 defunding possibility that is carried by 3701.034.

17 So when you're talking to people about  
18 giving you money, you try to give them positive  
19 reasons and then I wouldn't call them negative  
20 reasons, but these are the things that are going  
21 really well, we need more support, this is the  
22 challenge we're faced with.

23 So the defunding is a challenge.

24 By Ms. Richardson:

25 Q. So is it fair to say, if I understand

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1  
2  
3  
4  
5  
6 By Ms. Richardson:

7 Q. And then I just want to quickly go over  
8 a couple of things. At the bottom of Page 10 it  
9 states, "A health educator was terminated in February  
10 2016 in anticipation of the implementation of Section  
11 3707.134." Is that the same health educator we just  
12 discussed in response to the earlier interrogatory?

13 A. Yes.

14 Q. And so there was just a total of one  
15 health educator who was terminated?

16 A. That's right.

17 Q. And then I'd like to direct your  
18 attention to Interrogatory 6, and I'll give you a  
19 moment to look at it, but it essentially asks for the  
20 basis of the statistical estimate in the complaint  
21 that PPSWO provides approximately 30 percent of  
22 abortions in Ohio.

23 MR. SCHOENFELD: Objection.

24 THE WITNESS: I believe the 30 percent  
25 number is based on the combination of PPGOH and

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1 correctly, the fact that the challenged statute will  
2 result in PPSWO not receiving some funding it  
3 received previously, may be an incentive for donors  
4 to increase their donation to PPSWO as well?

5 MR. SCHOENFELD: Objection.

6 THE WITNESS: Yes.

7 By Ms. Richardson:

8 Q. And when you said that some of those  
9 donations haven't materialized yet, is that because  
10 the law has not yet gone into effect?

11 A. Yes, it hasn't happened yet.

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1 PPSWO.

2 (Pause.)

3 THE WITNESS: So this is -- the 30  
4 percent number was arrived with a combination of  
5 PPSWO and PPGOH, and my understanding, when I was  
6 putting this together, is that it was derived from  
7 the reports that are given to ODH about the number of  
8 abortions that are provided in the State by various  
9 abortion providers, because we're all supposed to  
10 report this stuff, and then the calculation was done.

11 By Ms. Richardson:

12 Q. And so it references a report that ODH  
13 prepares called Induced Abortions in Ohio, and so  
14 then it looks like -- and correct me if I'm getting  
15 this wrong here. It looks like you essentially sort  
16 of took what you viewed as the total number of  
17 abortions from that report and took the abortions  
18 that PPSWO provides as a percentage of that -- I'm  
19 sorry, let me step back -- the combined abortions  
20 that PPSWO and PPGOH provide as a percentage of the  
21 overall abortions based on this report; is that fair?

22 A. Yes.

23 Q. And I want to make sure that I  
24 understand, because the end of the last sentence here  
25 says, "...with the sum of abortions in certain

27 (Pages 105 to 108)

<p style="text-align: right;">Page 109</p> <p>1 counties and Ohio as whole and a report authored by</p> <p>2 ODH." Do you know which counties specifically were</p> <p>3 reviewed or used in making that calculation?</p> <p>4 A. I don't.</p> <p>5 Q. Do you know who performed this 30</p> <p>6 percent calculation?</p> <p>7 A. No.</p> <p>8 Q. Was this something prepared in</p> <p>9 connection with this litigation, or was it a number</p> <p>10 that you would have pulled from something else?</p> <p>11 A. The calculation was prepared for this</p> <p>12 litigation. The data came from elsewhere.</p> <p>13 Q. Came from the reports that are described</p> <p>14 here?</p> <p>15 A. Yes.</p> <p>16 Q. But you were not the one who conducted</p> <p>17 that original calculation?</p> <p>18 A. I didn't do the calculation.</p> <p>19 Q. And you don't know who did the original</p> <p>20 calculation?</p> <p>21 A. I don't.</p> <p>22 Q. Do you know, of the 30 percent</p> <p>23 calculation, what percentage is attributable to PPSWO</p> <p>24 versus PPGOH?</p> <p>25 A. I don't.</p>	<p style="text-align: right;">Page 111</p> <p>1 this calculation, I wouldn't know how to do that?</p> <p>2 MR. SCHOENFELD: Objection.</p> <p>3 THE WITNESS: I don't know whether you</p> <p>4 could test it or not. I don't know. You could do</p> <p>5 the calculation, but I don't know how you would test</p> <p>6 it as written.</p> <p>7 By Ms. Richardson:</p> <p>8 Q. Thank you. And so is it fair to assume</p> <p>9 that the following interrogatories related to budgets</p> <p>10 and financial statements are things I should reserve</p> <p>11 for this afternoon?</p> <p>12 MR. SCHOENFELD: I'm not sure which ones</p> <p>13 you're talking about.</p> <p>14 MS. RICHARDSON: So Interrogatory No. 8,</p> <p>15 total revenues.</p> <p>16 THE WITNESS: Is this a question for me</p> <p>17 or for counsel?</p> <p>18 By Ms. Richardson:</p> <p>19 Q. Do you know the answers to these</p> <p>20 questions?</p> <p>21 A. I would have an answer to these</p> <p>22 questions. No, I mean I would have an answer to the</p> <p>23 question of who has this information.</p> <p>24 MR. SCHOENFELD: There's no question on</p> <p>25 the table.</p>
<p style="text-align: right;">Page 110</p> <p>1 Q. And who would know that information?</p> <p>2 A. I'm not sure anybody would know it,</p> <p>3 because I'm not sure it's been separately calculated.</p> <p>4 But it could be, because we know what our numbers</p> <p>5 are, and we know what the total is.</p> <p>6 The 30 percent was just putting two</p> <p>7 numbers together and then against the total, and</p> <p>8 that's how you got the 30 percent. So I don't know</p> <p>9 if anybody has that specific number, but it could be</p> <p>10 calculated.</p> <p>11 Q. And again, it sounds like that was</p> <p>12 probably a sum of certain counties in Ohio, but you</p> <p>13 don't know which counties were selected or how those</p> <p>14 were selected?</p> <p>15 A. I don't.</p> <p>16 Q. Do you know if that was a calculation</p> <p>17 that was done by counsel as opposed to someone within</p> <p>18 PPSWO?</p> <p>19 A. I don't know.</p> <p>20 Q. So there would really essentially be no</p> <p>21 way to test the accuracy or the methodology in coming</p> <p>22 up with this statistic; is that fair?</p> <p>23 MR. SCHOENFELD: Objection.</p> <p>24 By Ms. Richardson:</p> <p>25 Q. In other words, if I wanted to replicate</p>	<p style="text-align: right;">Page 112</p> <p>1 MS. RICHARDSON: So my question is</p> <p>2 basically in terms of the 30(b)(6) topics today, is</p> <p>3 this something that I should cover with Mr. Lawson or</p> <p>4 is this something that will be handled by the witness</p> <p>5 who is coming this afternoon?</p> <p>6 MR. SCHOENFELD: So the 30(b)(6) is</p> <p>7 topic 7. That's for Mr. Bower this afternoon.</p> <p>8 You're talking about specific interrogatories where</p> <p>9 we gave you 33(D) responses, so I have no idea what</p> <p>10 the questions are so I can't tell you who is better</p> <p>11 situated to respond to that.</p> <p>12 MS. RICHARDSON: I can walk through and</p> <p>13 read each one of them in.</p> <p>14 MR. SCHOENFELD: To the extent any of</p> <p>15 these interrogatories relate more to topic No. 7,</p> <p>16 that's appropriate for Mr. Bower. I'm not sure what</p> <p>17 you're planning on asking about these, so I can't</p> <p>18 tell you specifically on a question-by-question</p> <p>19 basis.</p> <p>20 MS. RICHARDSON: So my general</p> <p>21 impression is that questions related to budgets and</p> <p>22 revenues and percentages of revenues, and we can walk</p> <p>23 through the specific ones and I can read them into</p> <p>24 the record if we think that's useful, my sense is</p> <p>25 that that would be covered under topic 7 which I</p>

<p style="text-align: right;">Page 113</p> <p>1 understand that Mr. Bower will be discussing later 2 today. 3 MR. SCHOENFELD: Correct. 4 MS. RICHARDSON: So I'm just confirming 5 that that understanding is correct. 6 MR. SCHOENFELD: My only point is I 7 don't know what questions you have and these are 8 33(D) responses, so I wasn't sure how to answer the 9 question. To the extent they relate to topic 7, 10 revenues, expenses, losses, whatever, that's for 11 Mr. Bower. 12 MS. RICHARDSON: And is Mr. Lawson going 13 to be present still while Mr. Bower testifies this 14 afternoon, so that if it turns out that something is 15 actually within the -- within Mr. Lawson's coverage 16 area we can call him back as necessary to cover those 17 areas? 18 MR. SCHOENFELD: Correct. 19 MS. RICHARDSON: Perfect. Thank you. 20 Then I won't subject you, Mr. Lawson, to the misery 21 of going through all these financial questions. 22 THE WITNESS: Thank you. 23 MS. RICHARDSON: I am going to switch 24 gears a little bit then. What do we think in terms 25 of -- do we want to take a lunch break now or do we</p>	<p style="text-align: right;">Page 115</p> <p>1 try to identify by Bates number for clarity as we go, 2 have been produced subject to a protective order that 3 was entered by the court over our objection. So 4 these will be entitled to protection under that 5 order. 6 And to start, it's Bates No. 7 PPOH_0000470, titled "Education Department 8 Post-Defunding Plan". And we'll get you some copies 9 of that if you don't mind bearing with us for a 10 minute. And I'll mark this as Exhibit 3. 11 (EXHIBIT MARKED FOR IDENTIFICATION.) 12 By Ms. Richardson: 13 Q. Mr. Lawson, for these and the next 14 several documents that we're going through that 15 contain some of your handwritten notes, I don't want 16 to go through all of these documents in detail, but 17 I'm hoping that you can help me to just understand 18 what these documents are and the context in which 19 they were created. 20 So we'll start with this one, Education 21 Department Post-Defunding Plan. Did I read that 22 title correctly? 23 A. Yes. 24 Q. Can you tell me what this document is? 25 A. It's a planning outline produced by the</p>
<p style="text-align: right;">Page 114</p> <p>1 want to move forward? I'm going to start going 2 through some of the handwritten notes that were 3 supplied yesterday. 4 MR. SCHOENFELD: It's up to you. 5 THE WITNESS: How long do you think that 6 will take? 7 MS. RICHARDSON: I don't think it will 8 take probably more than about a half hour, would be 9 my best guess. 10 MR. SCHOENFELD: And is that it for 11 Jerry? 12 MS. RICHARDSON: That won't be it. 13 THE WITNESS: Then I'd say let's break 14 for lunch. 15 (Luncheon recess taken.) 16 --- 17 By Ms. Richardson: 18 Q. Thank you, Mr. Lawson. We are back on 19 the record. And what I'd like to do now is go over 20 some documents which I will represent you to have 21 been produced to us by your counsel in this 22 litigation. 23 MS. RICHARDSON: And before I do that, I 24 would just put on the record that the documents that 25 I am just getting ready to go through, which I will</p>	<p style="text-align: right;">Page 116</p> <p>1 education department folks at PPSWO. 2 Q. And what was the purpose for this 3 document? 4 A. The purpose was to get in writing, I 5 would say both the impact on the education department 6 from the defunding bill, and some proposed or 7 possible reactions or steps that could be taken given 8 the impact. 9 It also raised a number of questions 10 that were in play that we needed to address. 11 Q. Do you know who prepared this document? 12 A. I don't. 13 Q. Do you know by title or even department 14 who would have prepared this document? 15 A. It would have been the education 16 department. I'm thinking it would have been the 17 Vice-President for education, and probably also the 18 Manager of Training and Education who reports to the 19 Vice-President. 20 Q. And do you know who -- for whom this 21 document was prepared? Was it prepared to submit to 22 you, or do you know that? 23 A. It was probably prepared with the idea 24 that it would be submitted to me, but not for that 25 exclusive purpose.</p>

<p style="text-align: right;">Page 117</p> <p>1 Q. Do you know what the intended audience</p> <p>2 would have been for this?</p> <p>3 A. It would have been senior leadership,</p> <p>4 internal decision makers at the staff level,</p> <p>5 including me.</p> <p>6 Q. And who else would you include among</p> <p>7 senior leadership?</p> <p>8 A. Well, the senior team, that's the term</p> <p>9 we use, includes me, the director of clinics, the</p> <p>10 medical director, the director of communication, the</p> <p>11 VP of Education, and the COO. That's the senior</p> <p>12 team.</p> <p>13 I'm not saying that I think that all of</p> <p>14 the senior team members would be seeing and grappling</p> <p>15 with this, but the potential would be there, I just</p> <p>16 don't remember exactly what process we followed.</p> <p>17 Q. And let me just go over it -- well,</p> <p>18 first of all, there are some handwritten notes on</p> <p>19 this document. Do you see that?</p> <p>20 A. Yes.</p> <p>21 Q. And at the top it looks like it says</p> <p>22 "With Lawson Notes"?</p> <p>23 A. Yes.</p> <p>24 Q. Are those in fact your notes?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 119</p> <p>1 discussed to take place in March 2016, is that fair?</p> <p>2 A. Or questions that needed to be addressed</p> <p>3 in March of 2016.</p> <p>4 Q. Thank you. And so looking at A, it</p> <p>5 says, "Which programs are affected?" "Hamilton</p> <p>6 County HIV funding moves to Caracole in April." Did</p> <p>7 I read that correctly?</p> <p>8 A. Yes.</p> <p>9 Q. And does that refer to what we discussed</p> <p>10 earlier in terms of the transition of the HIV</p> <p>11 Prevention Program to Caracole?</p> <p>12 A. Yes.</p> <p>13 Q. And can you tell me what -- looking at</p> <p>14 your handwritten notes underneath this paragraph, can</p> <p>15 you tell me what that says?</p> <p>16 A. "If we can keep these funds wouldn't it</p> <p>17 mean that the partners are okay." That's what it</p> <p>18 says.</p> <p>19 Q. And what do you understand that to mean?</p> <p>20 A. Well, the Item b, ii above, "If these</p> <p>21 funds can stay with us, determine how others are</p> <p>22 affected (will those organizations be in jeopardy of</p> <p>23 losing funds to do agreements with us?)."</p> <p>24 I think what the comment means is if we</p> <p>25 don't lose the funds then they won't be in jeopardy,</p>
<p style="text-align: right;">Page 118</p> <p>1 Q. You recognize that as your handwriting?</p> <p>2 A. I do.</p> <p>3 Q. And do you know when you would have made</p> <p>4 your handwritten notes to this document?</p> <p>5 A. I don't know when I got this document,</p> <p>6 but I would have made the notes within a few days of</p> <p>7 having received it.</p> <p>8 Q. And do you know when you received it?</p> <p>9 A. No.</p> <p>10 Q. And I note at the top it says,</p> <p>11 "Timeline: March 2016". Do you know when the</p> <p>12 document itself would have been created?</p> <p>13 A. No.</p> <p>14 Q. What do you understand Timeline: March</p> <p>15 2016 to mean?</p> <p>16 A. Well, looking at Timeline: March 2016,</p> <p>17 and then looking at Timeline: April-August 2016, and</p> <p>18 then Timeline, September to June, I would say these</p> <p>19 are timed phases in the plan.</p> <p>20 So the first phase would be what would</p> <p>21 happen in March, or what do we need to do in March,</p> <p>22 and then the next phase what do we need to do April</p> <p>23 to August, September to June.</p> <p>24 Q. Thank you. And so for this first page</p> <p>25 then it would relate to action items that were being</p>	<p style="text-align: right;">Page 120</p> <p>1 because the jeopardy for our partners under the</p> <p>2 defunding law has to do with affiliating with an</p> <p>3 organization that provides or promotes abortion. I</p> <p>4 think that's what that meant.</p> <p>5 Q. And apart from what you've already</p> <p>6 described today, do you know whether any actions were</p> <p>7 in fact taken along the lines of what's discussed</p> <p>8 here in Section A?</p> <p>9 MR. SCHOENFELD: Objection.</p> <p>10 THE WITNESS: Well, the Hamilton County</p> <p>11 HIV funds move to Caracole the first of April. Other</p> <p>12 HIV funds, we got noticed from Dayton/Montgomery</p> <p>13 County that they were going to terminate our funds</p> <p>14 because of 3701.034. Those are the only two sort of</p> <p>15 action questions I guess I see in that section there.</p> <p>16 By Ms. Richardson:</p> <p>17 Q. And that raises a good point, because we</p> <p>18 have talked a lot about what happened under the</p> <p>19 Hamilton County contract, but you had mentioned</p> <p>20 previously that there's a separate contract that</p> <p>21 related to Butler and Warren County; is that correct?</p> <p>22 A. Yes.</p> <p>23 Q. Is that what is being referred to here</p> <p>24 in reference to Montgomery County?</p> <p>25 A. I believe so.</p>

<p style="text-align: right;">Page 121</p> <p>1 Q. And so what -- what has happened with</p> <p>2 the Montgomery County contract for Butler and Warren</p> <p>3 area?</p> <p>4 A. They notified us that it was going to be</p> <p>5 terminated, but that was -- the TRO stopped it.</p> <p>6 Q. And so is PPSWO continuing to provide</p> <p>7 HIV services through Montgomery County?</p> <p>8 A. No.</p> <p>9 Q. Who is providing those services now?</p> <p>10 A. I don't know.</p> <p>11 Q. Do you know why PPSWO is not providing</p> <p>12 those services?</p> <p>13 A. It's so little money that we can't</p> <p>14 really put a program together. It's \$6,000, if I</p> <p>15 remember correctly. There's just not enough money to</p> <p>16 even fund the basic staff that you would need for</p> <p>17 that.</p> <p>18 Q. So is it fair to say then PPSWO elected</p> <p>19 not to continue providing those services?</p> <p>20 MR. SCHOENFELD: Objection.</p> <p>21 THE WITNESS: Yes, in the sense that</p> <p>22 there wasn't enough money to continue the program.</p> <p>23 By Ms. Richardson:</p> <p>24 Q. And do you know whether Montgomery</p> <p>25 County has entered into a contract with someone else?</p>	<p style="text-align: right;">Page 123</p> <p>1 Q. And so what is he doing instead?</p> <p>2 A. Looking for a job.</p> <p>3 Q. And moving then to the next line, B,</p> <p>4 little b, it references, "Sell the RV to Caracole,</p> <p>5 sell it outright or lease to Caracole." Is that the</p> <p>6 van that you were mentioning earlier?</p> <p>7 A. Yes.</p> <p>8 Q. And it sounds like, based on your</p> <p>9 earlier testimony, that the van was not in fact sold</p> <p>10 or leased to Caracole; is that correct?</p> <p>11 A. It was not.</p> <p>12 Q. And that was the van you said was sold</p> <p>13 to an individual?</p> <p>14 A. Yes. The van was in the shop more than</p> <p>15 it was on the road.</p> <p>16 Q. Okay. And is that the reason that it</p> <p>17 was not then sold or leased to Caracole?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know if Caracole purchased or</p> <p>20 leased a van or RV to continue providing those</p> <p>21 services?</p> <p>22 A. I do not know.</p> <p>23 Q. And then B, little c, it says, "ODH will</p> <p>24 determine timeline for cuts, but we have no date at</p> <p>25 this point." What cuts were you referring to there?</p>
<p style="text-align: right;">Page 122</p> <p>1 A. I don't know.</p> <p>2 Q. But at this point in time PPSWO is not</p> <p>3 providing services under the HIV Prevention Program</p> <p>4 to either Hamilton or the Montgomery County areas?</p> <p>5 A. Right.</p> <p>6 Q. B, if we look at this next section here,</p> <p>7 B, and then little b -- Actually, let's look at B,</p> <p>8 little a. It says, "We retain 1 staff position to</p> <p>9 work on ODH and Montgomery County HIV work." Did you</p> <p>10 in fact retain a staff member to work on ODH and</p> <p>11 Montgomery County work?</p> <p>12 A. For about 30 days. That was the</p> <p>13 half-time person that didn't make it.</p> <p>14 Q. Okay. And do you know -- so the</p> <p>15 half-time person, is he or she still employed by</p> <p>16 PPSWO or has that person --</p> <p>17 A. He is not.</p> <p>18 Q. Do you know where he is employed?</p> <p>19 A. I don't.</p> <p>20 Q. Do you know whether he is continuing to</p> <p>21 provide HIV Prevention Program services?</p> <p>22 A. He isn't.</p> <p>23 Q. And how do you know that?</p> <p>24 A. Because our education leadership has</p> <p>25 been in touch with him and has told me.</p>	<p style="text-align: right;">Page 124</p> <p>1 A. I'm not sure. I think that it was the</p> <p>2 cuts related to the ODH funding for HIV, which at the</p> <p>3 time this was done, looking at this timeline thing,</p> <p>4 we did not know what was going to happen. We did not</p> <p>5 know at that point, for example, that ODH didn't</p> <p>6 consider that funding source to be covered by the</p> <p>7 defunding bill.</p> <p>8 Q. So I'm sorry, can you repeat that again?</p> <p>9 What was the question?</p> <p>10 A. Well, subsequent to this we heard from</p> <p>11 ODH that they did not consider the ODH grant that we</p> <p>12 got for HIV, the one that came directly from ODH,</p> <p>13 they do not consider it covered by the defunding</p> <p>14 grant.</p> <p>15 At the time we didn't know that they</p> <p>16 were thinking that, so we're kind of waiting for the</p> <p>17 other shoe.</p> <p>18 Q. Okay. And so that's the HIV grant we</p> <p>19 talked about earlier that comes directly from ODH?</p> <p>20 A. Yes.</p> <p>21 Q. Separate from the HIV Prevention Program</p> <p>22 that comes through Hamilton County, Montgomery</p> <p>23 County, correct?</p> <p>24 A. Yes.</p> <p>25 Q. Okay. And then I'm going to down to F,</p>

<p style="text-align: right;">Page 125</p> <p>1 "Are there other options?" And can you read to me  2 what your handwritten notes there say?  3 A. "Would have to be complete separation, I  4 believe."  5 Q. And what did you mean by that?  6 A. What I meant was that the family  7 planning services would have to be completely  8 separated from the abortion services, and -- within  9 PPSWO, so we would have to basically dissolve PPSWO  10 as it exists. And also that the family planning  11 services would have to completely separate from PPFA.  12 Q. And why did you believe that to be the  13 case?  14 A. Because of the language of the defunding  15 law which said nobody who provides, promotes  16 abortions, or is affiliated with an organization that  17 provides or promotes abortions, can receive any of  18 this funding.  19 Q. And that was your personal  20 understanding?  21 A. Well, with the help of counsel.  22 Q. Thank you. And obviously I will not ask  23 you to divulge any communications from counsel.  24 A. Right.  25 Q. But in other words, that was PPSWO's</p>	<p style="text-align: right;">Page 127</p> <p>1 Q. Okay. And so I want to walk through  2 this in a little more detail. So if we look at B,  3 "Order curricula for new programs (OWL and Get  4 Real)." What does that mean?  5 A. I can't remember what the -- these are  6 acronyms for, but OWL is a sex-ed curriculum for  7 elementary school, and Get Real is a sex-ed  8 curriculum for middle and high school.  9 And this planning was around no longer  10 being able to provide the services that we'd been  11 providing under PREP or VAWA to the populations  12 targeted under those two grant programs, and  13 substituting a plan to provide the OWL and Get Real  14 curricula to elementary, middle, and high school  15 students in our service area.  16 Q. So in general, is it fair to  17 characterize this Phase 2 as the planning steps for  18 the alternate education program that you described  19 earlier? Is that accurate?  20 A. Yeah, alternate -- I've been using the  21 word "alternate". I think different is probably a  22 better word because alternate almost sounds like it's  23 a substitute for VAWA and PREP, and it really isn't.  24 It's a different program.  25 Q. Is it PPSWO's intention to provide this</p>
<p style="text-align: right;">Page 126</p> <p>1 internal understanding rather than something that was  2 told to PPSWO by ODH or another organization; is that  3 fair?  4 A. That's correct. This was our analysis.  5 Q. And then I want to turn to Phase 2 on  6 the next page.  7 A. Okay.  8 Q. And it says there, "Timeline: April to  9 August 2016." And then it says, "Cost: \$107,459  10 (above other fixed costs)" minus "\$6,000 earned  11 income," equals "\$101,459." Do you see that?  12 A. Yes.  13 Q. What does that mean?  14 A. It means that the cost from April  15 through August would be \$107,459, of which under this  16 planning document the hope or expectation is that  17 \$6,000 in fee income for services could be obtained,  18 leaving the net contribution from the general fund at  19 101,459.  20 Q. And are those costs your estimate of  21 what it would take to implement the various suggested  22 action items here in Phase 2?  23 A. It was the estimate by somebody in the  24 education department about what the cost would be to  25 implement these steps.</p>	<p style="text-align: right;">Page 128</p> <p>1 program regardless of what happens in this  2 litigation?  3 A. No.  4 Q. It would only be provided in the event  5 that the law takes effect?  6 A. Yes.  7 Q. Is that accurate?  8 A. Yes.  9 Q. And do you know whether these cost  10 estimates have been evaluated or -- and I don't know,  11 this may not be in your area, but do you know, do  12 these remain accurate estimates of what the program  13 will cost?  14 A. I don't know if they were ever accurate,  15 and I don't know if they still are.  16 Q. Okay. Thank you. And then this last  17 page here, "Post Defunding", September 2016 to June  18 30th, and then it says, "Cost: \$271,774 (above other  19 fixed costs) (includes \$257,143 staff costs)" minus  20 "\$35,000 estimated earned income" equals "\$236,774."  21 Did I read that correctly?  22 A. Yes.  23 Q. And what do those numbers or estimates  24 relate to?  25 A. I assume, by the nature of the document,</p>



<p style="text-align: right;">Page 129</p> <p>1 that these reflect the cost of what would be  2 happening with the different programs between  3 September of 2016 and the end of June in 2017.  4 And in this case the 35,000 is the  5 estimated fee income that might be earned during that  6 period, comparable to what was the number before, the  7 6,000 that we talked about before.  8 Q. And same question for these cost  9 estimates. Have you ever evaluated those to  10 determine whether they are accurate estimates?  11 A. I have not.  12 Q. And as of today have any of these steps  13 been taken towards implementing the different  14 education programs?  15 A. We have, I believe, purchased the two  16 curricula for the OWL and Get Real programs.  17 Q. Any other steps? Have any other steps  18 be taken yet?  19 A. Not that I know of.  20 Q. And I believe you already testified to  21 this, in which case I apologize, but has PPSWO  22 received any funding related to the different  23 education programs?  24 A. Nothing specifically designated for  25 that.</p>	<p style="text-align: right;">Page 131</p> <p>1 (EXHIBIT MARKED FOR IDENTIFICATION.)  2 By Ms. Richardson:  3 Q. Do you recognize that document?  4 A. Yes. And let me say earlier when you  5 asked me -- much earlier today when you asked me  6 about my preparation for this, and I listed the  7 things I had read, I failed to mention that I had  8 looked at some documents.  9 I don't know if they are the same ones  10 that you're showing me, but I had looked at some and  11 I forgot to mention that.  12 Q. And do you know what documents those  13 were?  14 MR. SCHOENFELD: Objection. I think he  15 can describe generally what types of documents, but I  16 think the specific selection of documents is work  17 product.  18 MS. RICHARDSON: Well, I think we're  19 entitled to explore the basis of the knowledge that  20 he's offering today. I'm fine with basic  21 descriptions. I don't think -- I mean, I don't think  22 we need Bates numbers, and if we get too specific we  23 can talk about that later, but I do think we are  24 entitled to explore the source of his knowledge  25 today.</p>
<p style="text-align: right;">Page 130</p> <p>1 Q. And is that because, as you mentioned  2 earlier, the strategy is shifting away from seeking  3 funding for specific programs?  4 A. Yes.  5 Q. Thank you. And so I have a number of  6 handwritten notes. I'm trying to think of the best  7 way to -- I think what I will do, I'm going to hand  8 you a series of notes, and if it's okay I'm going  9 wait until the end to mark them, and I'll mark them  10 together which I think will speed it up.  11 And again, my hope is I won't have to go  12 through them in detail, but that you can help me  13 understand what these documents are and the context  14 in which they were concreted. And we'll start with  15 what's been marked as PPOH0023857.  16 MR. SCHOENFELD: And you want to mark  17 these together?  18 MS. RICHARDSON: Together at the end.  19 Thank you. And actually I think it goes through --  20 are they separate in there.  21 MS. CARWILE: Some are separate and some  22 are together.  23 MS. RICHARDSON: I tried to keep them  24 connected the way they were prepared. So it should  25 be, I guess, just 23857.</p>	<p style="text-align: right;">Page 132</p> <p>1 THE WITNESS: I looked at a small number  2 of e-mail chains. I think maybe one document similar  3 to this, a handwritten note. That was it.  4 By Ms. Richardson:  5 Q. And the handwritten note that you  6 reviewed, can you tell me what that related to?  7 A. I can't remember.  8 Q. Okay. Well, let's start with this  9 document in front of you now, 23857. Can you tell me  10 what this document is?  11 A. It is a note made by me about various  12 aspects of defunding based on a conversation that I  13 had with [REDACTED], that's, "Meet with  14 [REDACTED]," who at the time was our Vice-President of  15 patient services.  16 Q. What does the VP of patient services do?  17 A. We don't have a VP of patient services  18 any longer. But the VP of patient services was in  19 charge of the overall health care delivery system  20 which the director of clinics is now in charge of.  21 Q. Okay. And so the elimination of that  22 position is not related to this lawsuit?  23 A. No.  24 Q. And do you know when these notes were  25 taken?</p>

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1 A. The date says 10-12-15, which I assume  
2 is the date that I had this discussion with [REDACTED] and  
3 made these notes.

4 Q. And do you know why you were meeting  
5 with [REDACTED]?

6 A. We were anticipating that some defunding  
7 bill was going to be passed and we were starting to  
8 look at the potential implications.

9 Q. And can you describe to me generally  
10 what you understand the overall import of these notes  
11 to mean, to be?

12 MR. SCHOENFELD: Objection.

13 THE WITNESS: These notes all relate to  
14 the STD prevention project.  
15 By Ms. Richardson:

16 Q. And there's a note over on the left-hand  
17 side that says "340B", and then can you read to me  
18 those next words?

19 A. "All family planning sites are testing  
20 and treating," treating being "TX".

21 Q. Okay. And the next line?

22 A. "Surgery is testing only."

23 Q. And what does that mean?

24 A. That means that the contract that ODH  
25 approved with our surgical site did not include free

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1 A. "CDD Lab," that's the name of the lab,  
2 "for all testing, only for those patients who  
3 qualify."

4 Q. And what does that mean?

5 A. It means that under the STD Prevention  
6 Program, ODH had a contract with CDD Labs. So all of  
7 the lab tests under that program for people who  
8 qualified were sent to CDD Labs.

9 Q. And this next line, "Treatment is free,  
10 meds are paid for by ODH"?

11 A. Yes.

12 Q. What is that referring to?

13 A. That refers to the other part of the STD  
14 Prevention Program which is the free meds in  
15 partnership with the free labs.

16 Q. And so in the -- would that be for the  
17 surgical center, or for the other sites?

18 A. It would be for the others, because the  
19 surgical center did not have a contract for free  
20 meds.

21 Q. And so stepping back for a minute, if a  
22 patient then went to the surgical center for an  
23 abortion, she could also be tested with the -- for an  
24 STD -- or STI, I apologize, correct?

25 A. Yes.

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1 medications, it only included free lab tests for  
2 STDs.

3 Q. And so surgery center, is that the  
4 facility that you mentioned previously where abortion  
5 services are provided?

6 A. Yes.

7 Q. And so there was free testing equipment  
8 used at the surgery site?

9 A. The free lab testing was available at  
10 the surgery site under -- because we had a contract  
11 with ODH for that site.

12 Q. And you said you only have one surgery  
13 center; is that correct?

14 A. We have one surgery site.

15 Q. And that's what this is referring to is  
16 the one PPSWO surgery site?

17 A. Yes. And what this means is that they  
18 weren't providing free medications.

19 Q. So they were not providing free  
20 medications, but they were providing free lab testing  
21 under one of the STD Prevention Program contracts  
22 with ODH; is that correct?

23 A. Yes.

24 Q. And then if you can just read to me that  
25 next line there.

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1 Q. And then that could be -- that would be  
2 an -- eligible for the free testing under the STD  
3 Prevention Program, correct?

4 A. Yes.

5 MR. SCHOENFELD: Objection.  
6 By Ms. Richardson:

7 Q. And if that test came back positive and  
8 demonstrated she had an STI, what would happen for  
9 that patient?

10 A. She would either get medication or get a  
11 prescription for medication, but she would have to  
12 pay for it because we could not use the free  
13 medication for somebody who was eligible through  
14 surgery, okay?

15 Q. Thank you. And this next line, each  
16 center -- I'm not sure what that next word is?

17 A. "Each center orders."

18 Q. "their meds," is that what that says?

19 A. Yes.

20 Q. And "Center" is double underlined there.  
21 Do you know why you would have double underlined  
22 that?

23 A. I have no idea.

24 Q. And what does center refer to?

25 A. A health center.

34 (Pages 133 to 136)

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1 Q. Is a health center the same as a family  
2 planning center?  
3 A. Yes.  
4 Q. Would it include a surgical center?  
5 A. No, because the surgical center didn't  
6 get the meds.  
7 Q. And then I don't even have a guess as to  
8 that next line.  
9 A. "Zithromax, Rocephin and Metronidazole."  
10 Those are the meds. And I don't know what that last  
11 word is myself, the one that starts with "C".  
12 Q. And then the next line is?  
13 A. [REDACTED] orders for patients who don't  
14 qualify."  
15 Q. And what does that mean?  
16 A. [REDACTED] is our purchasing director, and it  
17 means that she orders medications for patients who  
18 don't qualify under the STD Prevention Program.  
19 Q. And then it says, "Surgery doesn't  
20 have --"  
21 A. Treatment.  
22 Q. "-- treatment" again. "Part with meds,"  
23 is that --  
24 A. Yeah, the treatment part with meds. 5.8  
25 is a paragraph in the contract.

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1 Q. And then the next line says, "5.9 on  
2 surgery." Do you know what that means?  
3 A. I think it refers to another paragraph  
4 in the contract.  
5 Q. Which contract?  
6 A. The contract with ODH for the STI  
7 Prevention Program with the surgical center.  
8 Q. And then, I'm sorry, that last line  
9 there -- well, actually in the same line, 5.10?  
10 A. That's another reference to another  
11 paragraph.  
12 Q. Do you know what those next words are?  
13 A. No.  
14 Q. On hand, maybe?  
15 A. I don't know about the one that looks  
16 like it starts with "H".  
17 Q. Okay. And then the last line there?  
18 A. It says, "e - also missing." I have no  
19 idea what that means.  
20 Q. And then we'll turn to the next set of  
21 notes, and these were -- I'm sorry, these were  
22 produced with several pages, I will represent to you,  
23 starting with PPOH 0023858, and going through  
24 0023865. Is that what you have in front of you as  
25 well?

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1 A. Oh, down at the bottom?  
2 Q. Yes.  
3 A. Say it again, I wasn't looking.  
4 0023858?  
5 Q. So 0023858?  
6 A. I have that.  
7 Q. Through 0023862.  
8 A. Yes.  
9 Q. And are these also your handwritten  
10 notes?  
11 A. Yes.  
12 Q. And it looks like at the top it says  
13 10-30-15?  
14 A. Yes.  
15 Q. Is that the date you would have taken  
16 these notes?  
17 A. Yes.  
18 Q. Do you recognize this document?  
19 A. Yes.  
20 Q. Can you tell me what this is?  
21 A. These are notes that I made in the  
22 process of meeting with our VP of Education and  
23 our -- the Manager of Training and Education about  
24 what might happen under the different program for  
25 education.

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1 Q. And so I think this says, "Education  
2 Dream education program"; is that right?  
3 A. Yes.  
4 Q. Do you know what that means?  
5 A. This is sort of the -- the wish list.  
6 Q. And a wish list for an alternate?  
7 A. In the event that we lost the funding  
8 from VAWA and PREP.  
9 Q. And whose dream list does this  
10 represent?  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 Q. So as of October 30th, 2015, these were  
17 items or components of what they viewed as an ideal  
18 education program; is that fair?  
19 MR. SCHOENFELD: Objection.  
20 THE WITNESS: Yes.  
21 By Ms. Richardson:  
22 Q. And there's a graph there. Is that a  
23 fair characterization?  
24 A. Yeah.  
25 Q. What does that represent?

35 (Pages 137 to 140)



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By Ms. Richardson:

Q. Yes.

A. The education team has taken a more active role in managing, monitoring, overseeing, the internal education, including NEO on 23860, which is New Employee Orientation.

Q. Thank you. Any other steps that have been taken that are outlined in these pages that we have just gone over?

A. No.

Q. Thank you. Okay. Now we'll move to a grouping that includes 23863 through 23865, I believe. And do you recognize that document?

A. Yes.

Q. What is this?

A. These are notes that I made from my own research conducted, it looks like on November 20th of '15, about federally qualified health centers.

Q. What is a federally qualified health center?

A. It's a health center that has certain features that is entitled -- or if you meet the standard features you're entitled to special federal grants to help you operate. And you also get special pricing -- well, special reimbursement rates for

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services.

I think they get Medicare rates for Medicaid patients. Normally there's a difference.

Q. And does PPSWO qualify?

A. No. That's what I was looking at.

Q. In other words, these are notes that relate to whether PPSWO could be a federally qualified health center?

A. Yes.

Q. And what did you conclude?

A. I concluded no.

Q. Why did you conclude that?

A. The requirements would be way too onerous for us to make that change.

Q. And do you recall specifically which requirements you believed would be onerous?

A. Yes, I recall some. An FQHC has to provide primary care health care, cradle to grave, including permitting health services on site or by arrangement with out providers, and must also provide dental, mental health, substance abuse, transportation, and hospital and specialty care either directly or by contract, and that would be a huge change for us because our field is reproductive health care. We don't to cradle to grave. We don't

Q. Are any of the other items that are listed here as components of the dream education program -- let me ask that differently.

Has PPSWO implemented any of the other components of this dream education program since October 30th, 2015?

MR. SCHOENFELD: Objection.

THE WITNESS: Let me think here for a minute. I told you that we had purchased the curricula.

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1 provide all these services.

2 Q. What is a Look-a-Like? Am I reading  
3 that correctly?

4 A. You are. A Look-a-Like FQHC is a  
5 category under the law that says you meet all the  
6 criteria for FQHC, but we aren't giving you any  
7 money.

8 Q. And why would someone who otherwise  
9 meets the criteria not be eligible, as you understand  
10 it?

11 A. I think they can get the preferred  
12 reimbursement rate, for example. I'm not sure what  
13 all the other advantages would be.

14 Q. Would PPSWO qualify as a Look-a-Like?

15 A. Not without doing all that stuff.

16 Q. You would still have to go through the  
17 same stuff you just identified?

18 A. We still would.

19 Q. And so you can set that aside for now.

20 And we're going to move to the next grouping, which  
21 includes 23866 through 23868.

22 A. Okay.

23 Q. And do you recognize this document?

24 A. Yes.

25 Q. What is this document?

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1 correct?

2 A. I think competition -- competitive --

3 RFP meant that a new request for proposals would be  
4 coming out from ODH for PREP going forward in  
5 February.

6 Q. And was that something that PPSWO  
7 intended to apply for at that time?

8 A. Yes.

9 Q. Do you have an understanding as to how  
10 that competitive process would operate in February of  
11 2016?

12 A. The difference between a competitive and  
13 noncompetitive process, if it's not competitive the  
14 only people who are considered are people who already  
15 have grants.

16 If it's competitive it means that -- and  
17 this is what we were anticipating. It means that  
18 other organizations can apply and a decision will be  
19 made by the grantor, ODH, as to which organizations  
20 receive the grants.

21 So at that time I think this note means  
22 we were anticipating that there would be a  
23 competitive grant RFP in February.

24 Q. And so was it your understanding then  
25 that it was possible that you might not receive the

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1 A. These are my notes from another  
2 conversation with [REDACTED], this one I  
3 believe on December 15th, looking at the defunding  
4 bill that we knew was in the works, and looking at  
5 our various programs and where they stand  
6 contractually.

7 Q. And it looks like this document was  
8 created on December 15th; is that correct?

9 A. Yes.

10 Q. Of 2015?

11 A. Yes.

12 Q. And then there's another date here,  
13 5-1-15. What does that refer to?

14 A. I have no idea.

15 Q. Okay. And it looks like it says here,  
16 "PREP done end of July"; is that correct?

17 A. Our PREP grant in contract ended --  
18 would end -- will end July 31st of 2016.

19 Q. And then does that say, "Competitive RFP  
20 2/16"?

21 A. Yes.

22 Q. What does that relate to?

23 A. I'm not sure.

24 Q. And then it says, "We are at the end of  
25 the 5-year cycle, grant year end 7-31-15"; is that

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1 grant as part of that process in February of 2016?

2 A. At the time I think that would have been  
3 what we thought.

4 Q. And did you develop contingency plans or  
5 other plans to prepare for the possibility that you  
6 might not get the grant in February of 2016?

7 A. No.

8 Q. Why not?

9 A. We didn't know for sure what it was  
10 going to be, and it turned out to be noncompetitive.

11 Q. And so what is your current  
12 understanding of what that process will look like?

13 A. It's already under way. When the RFP  
14 came out ODH identified who could receive the grant.  
15 This was later, I'm thinking March, maybe. And we  
16 were not listed as eligible.

17 And we applied anyway, and we have an  
18 application pending in hopes that the defunding bill  
19 will be held unconstitutional and we can receive that  
20 grant.

21 Q. And how long would that extension last  
22 until?

23 A. I'm not absolutely sure, but I think  
24 it's a year. So I think it would begin August 1st  
25 and go through July of '17.

38 (Pages 149 to 152)

<p style="text-align: right;">Page 153</p> <p>1 Q. And is it your understanding that at 2 some point there will be another competitive bid 3 process to determine eligibility for these grants? 4 A. Probably. 5 Q. Do you know when that will take place? 6 A. I don't. 7 Q. And then there's a, "We submit for 8 reimbursement --" 9 A. Quarterly. 10 Q. And is that referring to how you receive 11 payments under the PREP program? 12 A. Right. 13 Q. And you're talking about submitting to 14 ODH? 15 A. Yes. 16 Q. And then it says, "No one else can --" 17 and after that I don't even have a guess. 18 A. "No one else can pick up our PREP 19 region." 20 Q. What are you referring to there? 21 A. ODH has set up regions in the State, and 22 under our PREP grants we cover two regions. This was 23 probably [REDACTED] opinion about what would happen if 24 we weren't there to provide PREP services in those 25 regions.</p>	<p style="text-align: right;">Page 155</p> <p>1 the end of January of '16, and we were anticipating 2 we would get a decision by the end of December as to 3 whether we get renewed or we get renewed through 4 January of '17, and we were. 5 So our current VAWA contract expires 6 January 31st of '17. PREP is a statewide program, 7 every part of the State is in one of those regions. 8 There is not a VAWA program in every part of the 9 State the way there is with PREP. And PPGOH does not 10 have PREP -- does not have money." That's what that 11 meant. 12 Q. And then moving to the next page, 23867, 13 "If we weren't grant bound they would lose the plan." 14 Is that what that says -- or "they like the plan"? 15 A. They like the plan. I'm not sure what 16 that means. 17 Q. You don't know that refers to? 18 A. I'm not sure. 19 Q. Do you know who the "they" is that's 20 referenced there? 21 A. I'm guessing it's [REDACTED]. 22 Q. Do you know what plan is being referred 23 to? 24 A. The different plan that we previously 25 discussed.</p>
<p style="text-align: right;">Page 154</p> <p>1 Q. And this was as of probably December 2 15th that was her opinion? 3 A. Yeah. 4 Q. Do you know whether ultimately ODH was 5 able to find other providers who could take on that 6 region for PREP? 7 A. I believe that what they have done is 8 reduced the number of regions from eight to six. 9 This is what ODH was planning for implementation to 10 defunding, and are seeking providers who are not 11 disqualified because of the defunding bill to take 12 over the regions. 13 Q. And so moving on to the next thing, 14 VAWA, I believe it says, "End of January - by 15 12-31-15 we will know if we get money through 16 1-31-17." Did I read that correctly? 17 A. Yes, you did. 18 Q. And then it says, "Not in every part of 19 state like PREP"? 20 A. Right. 21 Q. "PPGOH may have VAWA"? 22 A. "May not have VAWA." 23 Q. I was so close. And what do you 24 understand that to mean? 25 A. Well, our contract for VAWA expired at</p>	<p style="text-align: right;">Page 156</p> <p>1 Q. So is that suggesting that if you 2 weren't bound by the PREP program they would prefer 3 to pursue this alternate or different education 4 program? 5 MR. SCHOENFELD: Objection. 6 THE WITNESS: I don't know about 7 "prefer". They like. 8 By Ms. Richardson: 9 Q. They like? 10 A. They like. 11 Q. And it says, "We can market the other 12 plan while still doing the grant funded work"; is 13 that correct? 14 A. Yes. 15 Q. Is that also referring then to the 16 different education plan that we have been 17 discussing? 18 A. Yes. 19 Q. And do you understand that to mean that 20 PPSWO could begin implementing the alternate plan 21 even if it was also providing services under PREP? 22 MR. SCHOENFELD: Objection. 23 THE WITNESS: Yes. At this point we 24 were working in a world of uncertainty about what was 25 going to happen because the defunding law had not</p>

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1 even been passed yet, so we're trying to straddle and  
2 figure out -- I am as the CEO -- and how we're going  
3 to get through this period of uncertainty.

4 By Ms. Richardson:

5 Q. And so at least as of December of 2015  
6 the thought at least from the standpoint of [REDACTED]

9 Q. I'm sorry. Thank you.

10 -- was that PPSWO could pursue the  
11 different education plan even if PREP was being  
12 provided?

13 MR. SCHOENFELD: Objection.

14 THE WITNESS: They were either  
15 suggesting that, or I was reaching that conclusion.

16 By Ms. Richardson:

17 Q. Do you recall which?

18 A. I don't. And I'm not sure from the note  
19 that I can tell.

20 Q. Do you recall whether it was your view  
21 that PPSWO could implement the different plan even if  
22 it was also providing the PREP program?

23 A. I don't remember what I thought.

24 Q. Have you at any point in time had the  
25 thought that PPSWO could implement the different

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1 MR. SCHOENFELD: Objection.

2 THE WITNESS: No.

3 By Ms. Richardson:

4 Q. That's not a fair characterization?

5 A. No. The best way to think about this,  
6 it's all contingency planning so that we as leaders  
7 of this organization committed to a strong education  
8 component faced with the uncertainty of are we going  
9 to have these grants because of this defunding bill,  
10 are trying to plan ahead and be proactive in order to  
11 maintain our strong presence in the community and our  
12 strong educational programs.

13 Q. And they point out that if PPSWO wasn't  
14 grant bound, meaning bound by the terms of PREP, is  
15 that your understanding?

16 MR. SCHOENFELD: Objection.

17 By Ms. Richardson:

18 Q. They would like their ideal --

19 MR. SCHOENFELD: Objection. Asked and  
20 answered.

21 By Ms. Richardson:

22 Q. You can answer.

23 A. They liked the plan that they had  
24 developed. They were not telling me that they want  
25 that instead.

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1 education plan even if PREP services were also being  
2 provided?

3 MR. SCHOENFELD: Objection.

4 THE WITNESS: I have thought that we  
5 could make progress toward the different plan given  
6 the uncertainty about whether we were going to be  
7 able to continue with the grant funded programs.

8 So there could be a transition, sort of  
9 limbo period where we're trying to figure out what  
10 we're going to do.

11 By Ms. Richardson:

12 Q. And to some degree that uncertainty  
13 always exists, correct?

14 MR. SCHOENFELD: Objection.

15 THE WITNESS: Until the defunding bill  
16 came along we had great confidence that we would  
17 continue to be a provider of services under PREP and  
18 VAWA. The PREP people have been especially  
19 complimentary of the work done by our staff.

20 By Ms. Richardson:

21 Q. And yet the education people, [REDACTED]  
22 [REDACTED] -- is that the folks involved in the  
23 education group -- believed that PPSWO should be  
24 pursuing this dream education plan even if it  
25 continued to provide PREP, correct?

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1 Q. So what does it mean, "if we weren't  
2 grant bound"?

3 MR. SCHOENFELD: Objection. Asked and  
4 answered.

5 THE WITNESS: Meaning if we didn't have  
6 the grants that were determining what the nature of  
7 the program is, they like this other approach.

8 By Ms. Richardson:

9 Q. Did they have some belief that the terms  
10 of the PREP grant would prevent them from  
11 implementing their ideal education plan?

12 A. They understand we could not do both.

13 Q. And did you reach a different  
14 conclusion?

15 A. No. I also believed we could not do  
16 both.

17 Q. And why is that?

18 A. Because we don't have the funding to  
19 support the other plan over the long haul. So if the  
20 grants for VAWA and PREP went away we would be in the  
21 hole essentially, having to deficit fund the other  
22 program.

23 Q. And so just so I understand, why would  
24 that prevent you from doing both PREP and the  
25 different education plan?

40 (Pages 157 to 160)



<p style="text-align: right;">Page 161</p> <p>1 A. Well, first, PREP and VAWA don't pay for 2 themselves, so we're already putting in extra money 3 in order to support those programs and the HIV. 4 So we just simply, as an organization, 5 would not have the financial wherewithal to subsidize 6 VAWA and PREP, and at the same time pay for an 7 entirely different program. 8 Q. So because of the supplemental funding 9 that PPSWO has to provide for VAWA and PREP, it could 10 not also fund this alternative education plan? 11 A. That's right. 12 Q. So this next paragraph, something "to 13 get into schools"? 14 A. Barriers. 15 Q. Barriers. And 1 is PP? 16 A. Yes. 17 Q. What does that mean? 18 A. It means that we recognize that some 19 schools would be reluctant to contract with Planned 20 Parenthood. 21 Q. And No. 2, "Cannot pay"? 22 A. We recognize that the schools who want 23 to get in also don't have money to pay for the 24 program. 25 Q. And this next line I'm not sure about.</p>	<p style="text-align: right;">Page 163</p> <p>1 A. CHF was identified as an organization 2 that could implement the PREP program in Clark County 3 where CHF is located, and so we would then enter into 4 a contract with them for part of the PREP money that 5 we're getting from ODH, and they would deliver under 6 our support or oversight. 7 Q. And did PPSWO have any other 8 subcontractors under PREP? 9 A. We did; we had one other one. 10 Q. And who was that? 11 A. I can't remember. 12 Q. Do you know the coverage area or -- 13 A. I don't. 14 Q. And what about for the other programs 15 that we have talked about that are identified in the 16 challenged law, did any of those involve 17 subcontractors that PPSWO would have delegated 18 services to? 19 MR. SCHOENFELD: Objection. 20 THE WITNESS: No. 21 By Ms. Richardson: 22 Q. And then it looks like the next 23 paragraph says, "Selling our progress"; is that 24 right? 25 A. "Program".</p>
<p style="text-align: right;">Page 162</p> <p>1 Can you tell me what that says? 2 A. "If we remove "cannot pay" it will open 3 up," meaning if it were free the schools would be 4 more amenable to having us come in. PP would still 5 be a barrier. 6 Q. And then does it say case law or -- I 7 won't even guess, I'll let you tell me. 8 A. "Consider name change. Could be the 9 larger barrier." 10 Q. And that's referring to what you had as 11 No. 1? 12 A. Yes. 13 Q. And then it looks like under the block 14 that's been redacted it says, "Works with CHF"? 15 A. Yes. 16 Q. What is CHF? 17 A. The Community Health Foundation, which 18 is a community foundation in Springfield. 19 Q. And so is that indicating that there was 20 an individual that you could work with on these 21 priorities? 22 A. We had a subcontract under the PREP 23 program, subcontracting out part of the PREP program 24 to CHF, which has its own educators. 25 Q. And how did that subcontract work?</p>	<p style="text-align: right;">Page 164</p> <p>1 Q. And does that say -- well, I'll just -- 2 I'll let you tell me. What does that say and then 3 what does it mean? 4 A. It says, "Selling our programs \$30,500 5 to 34,000 for fiscal year 2016." That's the fiscal 6 year ending June 30 which has happened. My question, 7 "Are we on track" with that projection. 8 Q. And so what does -- what do you mean by 9 selling our programs? 10 A. Fee for service. 11 Q. For which programs? 12 A. The nonVAWA and nonPREP programs. 13 Q. So does this indicate that you expected 14 to receive somewhere between 30,500 and 34,000 in 15 revenues from the nonVAWA and nonPREP programs? 16 A. That was the budget target. 17 Q. And how would you obtain those revenues? 18 A. Because we have sex education programs 19 including professional training and programs that are 20 directed right at the young people. 21 Our educators try to make up some of the 22 loss that we run on VAWA and PREP by offering fee for 23 service programs for schools, that sort of thing, and 24 try to get them to agree to pay. 25 Q. And would that include like the</p>

<p style="text-align: right;">Page 165</p> <p>1 conferences and things that you talked about earlier?</p> <p>2 A. That would include the conferences, it</p> <p>3 would include a school district that might say we</p> <p>4 really like your curriculum that you can offer us</p> <p>5 different from VAWA or PREP, come in and do this for</p> <p>6 eight weeks and then they pay you a fee.</p> <p>7 Q. And did you determine that you were on</p> <p>8 track to bring in, you said 30,500 to 34,000 in</p> <p>9 fiscal year 2016, related to those programs?</p> <p>10 A. No.</p> <p>11 Q. What did you determine?</p> <p>12 A. We were not on track.</p> <p>13 Q. What were you --</p> <p>14 A. I don't remember, but we were far</p> <p>15 from -- at that point we were far from seeing results</p> <p>16 that would have produced that total by the end of the</p> <p>17 fiscal year.</p> <p>18 Q. And that was as of December of 2015?</p> <p>19 A. Yes. So you were six months into the</p> <p>20 year, halfway into the year, or five months,</p> <p>21 probably.</p> <p>22 Q. And did that -- did those forecasts</p> <p>23 change over the course of fiscal year 2016? In other</p> <p>24 words, do you know what the ultimate revenues were?</p> <p>25 A. I don't know what the ultimate revenues</p>	<p style="text-align: right;">Page 167</p> <p>1 Q. So I'm just going to show you here what</p> <p>2 we'll mark as Exhibit No. 4, which is the 2015 Annual</p> <p>3 Report.</p> <p>4 A. Okay.</p> <p>5 Q. Are you familiar with that document?</p> <p>6 A. Yeah. Yes.</p> <p>7 Q. Do you assist in preparing that</p> <p>8 document?</p> <p>9 A. I have sort of a financial review role.</p> <p>10 I don't participate in developing it.</p> <p>11 Q. And so the kind of final financial</p> <p>12 report that you were just talking about, would that</p> <p>13 appear somewhere other than this annual report?</p> <p>14 It looks to me, based on my review, that</p> <p>15 there are a few financial numbers that are</p> <p>16 summarized, there doesn't appear to be a detailed</p> <p>17 analysis.</p> <p>18 A. Right. Yes. At the end of the year,</p> <p>19 June 30th, we have the full year's report. So each</p> <p>20 month we have the month and year-to-date, and then as</p> <p>21 you get closer to the end, year-to-date gets to be</p> <p>22 year-to-date.</p> <p>23 So you have a final 12-month report</p> <p>24 which is developed for other purposes like the Board,</p> <p>25 and is much more detailed than what you see in this</p>
<p style="text-align: right;">Page 166</p> <p>1 were. And we don't change the budget, so if we're in</p> <p>2 the middle of the year and we see that we have a</p> <p>3 budgeted target and we're not meeting it, we don't</p> <p>4 produce a new budget.</p> <p>5 So by the end of the year the same</p> <p>6 budget would be in place and we would have actual</p> <p>7 results to match that.</p> <p>8 Q. And so on the actual results then, do</p> <p>9 you compare anticipated or budgeted revenues and</p> <p>10 expenses compared to actual revenues and expenses?</p> <p>11 A. Yes. And it forms what you put in the</p> <p>12 budget for the next year.</p> <p>13 Q. Right. And would that be reflected in</p> <p>14 like an Annual Report, or where would that final</p> <p>15 analysis of anticipated versus actual numbers appear?</p> <p>16 A. The end of the year report is where it</p> <p>17 would show up.</p> <p>18 Q. And that's the annual financial report?</p> <p>19 A. Yeah. Yes, annual financial report.</p> <p>20 MS. RICHARDSON: And I won't go into</p> <p>21 this now because I was planning to -- I will go over</p> <p>22 this later this afternoon, but I will -- I'm going to</p> <p>23 go ahead and mark this for reference.</p> <p>24 (EXHIBIT MARKED FOR IDENTIFICATION.)</p> <p>25 By Ms. Richardson:</p>	<p style="text-align: right;">Page 168</p> <p>1 Annual Report.</p> <p>2 Q. And this annual report that we have</p> <p>3 marked as Exhibit 4, who does that go to?</p> <p>4 A. It's mainly put together for donors and</p> <p>5 supporters.</p> <p>6 Q. And the report that you just described</p> <p>7 that's more detailed, the more -- we'll call it the</p> <p>8 final financial report or yearly financial report; is</p> <p>9 that fair?</p> <p>10 A. Yes.</p> <p>11 Q. Beyond the Board, is that distributed to</p> <p>12 anyone else?</p> <p>13 A. No, it's an internal report, "internal"</p> <p>14 meaning within the organization which includes the</p> <p>15 Board, and not even the whole staff gets it.</p> <p>16 Q. And does that -- would that include</p> <p>17 program-specific estimated revenues and expenses?</p> <p>18 A. No.</p> <p>19 Q. How would it break down, if you know?</p> <p>20 A. Broader categories, but this is a</p> <p>21 question that you should reserve for --</p> <p>22 Q. This afternoon? Thank you. I will do</p> <p>23 so.</p> <p>24 Okay. So turning back on then to</p> <p>25 0023867. This last paragraph here says something --</p>

<p style="text-align: right;">Page 169</p> <p>1 I think, "All health educators are not 100 percent on 2 grants"; is that correct? 3 A. Yes. 4 Q. What does that mean? 5 A. It means that the grants that come into 6 our education department are not sufficient to cover 7 a hundred percent of the staff that works in 8 education. 9 Q. And so then it says, "10 to 40 percent 10 of people --" 11 A. Unfunded. 12 Q. Unfunded? 13 A. Meaning not grant funded. 14 Q. Everyone is a little unfunded? 15 A. Yes. 16 Q. And so does that mean then that the 17 funds that come in from grants do contribute in part 18 to the salaries of the educators? 19 A. Yes. 20 Q. Approximately what percentage of the 21 educators' salaries are covered by grants? 22 A. I don't know the overall percentage. 23 According to this it would be anywhere from 60 to 90 24 percent depending on the particular staff person. 25 Q. And would those be the VAWA and PREP</p>	<p style="text-align: right;">Page 171</p> <p>1 A. No. 2 Q. And then this last sentence says, "We 3 have a good understanding --" 4 A. Relationship. 5 Q. "We have a good relationship with PPFA"; 6 is that correct? 7 A. Yes. 8 Q. What were you referring to specifically 9 there? 10 A. I have no idea. 11 Q. Okay. We don't have too many more of 12 these. 13 MR. SCHOENFELD: How much more do you 14 have with Jerry overall? You've been at it for about 15 an hour-and-a-half. 16 MS. RICHARDSON: I have a few more of 17 the handwritten notes and a couple of the e-mails 18 that were produced yesterday, and probably a couple 19 of wrap-up questions. 20 MR. SCHOENFELD: So you think like a 21 half hour? 22 MS. RICHARDSON: I would say half hour 23 to an hour. 24 MR. SCHOENFELD: Okay. So why don't we 25 take a break.</p>
<p style="text-align: right;">Page 170</p> <p>1 grants specifically? 2 A. At the time we were doing this it would 3 have been the HIV, the VAWA, and the PREP. 4 Q. And how would it differ today? 5 A. The HIV people now work for Caracole, so 6 we no longer have the HIV program. 7 Q. And similarly, you no longer have the 8 employees who were previously funded through the HIV 9 program, correct? 10 A. Right. 11 Q. And so the remaining employees then 12 receive funding for their salaries from the grant and 13 VAWA programs? 14 A. Yes. 15 Q. And then this next line on the next 16 page, 0023868, "They are doing more and more internal 17 work"? 18 A. Internal work. 19 Q. Is that what we were referring to? 20 A. That's the internal training. 21 Q. "Add security training"? 22 A. We were talking about something 23 additionally that they could do internally. 24 Q. And is that something that has in fact 25 been added since this time?</p>	<p style="text-align: right;">Page 172</p> <p>1 MS. RICHARDSON: Ten minutes? 2 MR. SCHOENFELD: Fine. 3 (Recess taken.) 4 By Ms. Richardson: 5 Q. So we have a few more of these 6 handwritten notes to get through. I appreciate your 7 patience. 8 A. Sure. 9 Q. This next one is, I believe, just a 10 two-page, it's 23873 through 23874. And actually I'm 11 wrong, it looks like it goes through 876. Does 12 everyone agree that that's the grouping? 13 A. Yes. 14 Q. So looking at this front page, 23873, 15 this appears to be more handwritten notes, and in 16 fact at the top it says "Lawson Notes". Do you see 17 that? 18 A. Yes. 19 Q. And are these in fact your handwritten 20 notes? 21 A. Yes. 22 Q. And can you tell me what these notes are 23 related to? 24 A. Can I look at them for a second? 25 Q. Sure. Take your time.</p>

Page 173

1 [REDACTED]  
 2 [REDACTED]  
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 24 [REDACTED]  
 25 [REDACTED]

Page 174

1 [REDACTED]  
 2 [REDACTED]  
 3 [REDACTED]  
 4 [REDACTED]  
 5 [REDACTED]  
 6 Q. Thank you. And you can set that aside  
 7 and we'll move to the next one which begins with  
 8 23877, and it looks like it goes through 23879. And  
 9 are these additional handwritten notes that you  
 10 created?  
 11 A. Yes.  
 12 Q. And it looks like the date is 5-6-16; is  
 13 that correct?  
 14 A. Yes.  
 15 Q. Can you tell me what these handwritten  
 16 notes relate to?  
 17 A. Let me just look real quick.  
 18 Q. Sure. Take your time.  
 19 [REDACTED]  
 20 [REDACTED]  
 21 [REDACTED]  
 22 [REDACTED]  
 23 [REDACTED]  
 24 [REDACTED]  
 25 [REDACTED]

Page 176

1 [REDACTED]  
 2 [REDACTED]  
 3 [REDACTED]  
 4 Q. Thank you. And then you can set that  
 5 aside and we'll move to the handwritten notes  
 6 beginning with 23880. And it looks like this is a  
 7 single page of notes. Are these also your  
 8 handwritten notes?  
 9 A. These are my handwritten notes.  
 10 Q. Can you tell me what this relates to?  
 11 A. Let me read it real quick. This relates  
 12 to the effort or the process by which Hamilton County  
 13 terminated our contract for HIV and issued a new RFP  
 14 to which -- for which Caracole applied.  
 15 And so the first part, based on  
 16 conversations I had, or I don't know exactly what  
 17 because I don't remember when I wrote this, that I  
 18 had learned that Caracole was likely to get the grant  
 19 from Hamilton County.  
 20 And then Caracole wants to hire. That's  
 21 about what happened to the personnel who worked for  
 22 PPSWO. And the rest of it relates to how we would  
 23 handle the departure of those staff people who ended  
 24 up working for -- so there's an issue about health  
 25 insurance so they wouldn't have a gap, and what would

44 (Pages 173 to 176)

the personnel file says, that kind of stuff.

Q. Thank you. You can set that aside and we'll move to 23831 (sic), which is another single page handwritten note page.

MS. BRANCH: 23881.

MS. RICHARDSON: Thank you, Jennifer.

By Ms. Richardson:

Q. Let me know when you're ready.

[illegible]

was written, might not be perfect because it referred to Infertility Prevention Project, and I had been told that that project ended two years ago. That turned out not to be as exciting as I thought it was.

Q. Thank you. I think that was the last of the handwritten notes that I have here. So thank you for walking me through those. I'm going to mark the whole combination that we have been working through here, and we will mark this as Exhibit 5.

And then I'm going to ask you to take a look at what's been marked PP0H\_0023946. And we'll mark this Exhibit 6.

(EXHIBIT MARKED FOR IDENTIFICATION.)

By Ms. Richardson:

Q. Do you recognize this document?

A. I don't remember this document, but I can see that it was addressed to me and that I responded or I forwarded it. So even though I don't remember it, there it is.

Q. And it appears to me that there are listed here a series of questions related to potential impacts of various programs. Is that a fair characterization?

A. It looks the same to me.

Q. And it looks like the most recent e-mail

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Q. Is that on Page 23881, those notes in the margin the ones you're referring to?

A. The ones kind of scribbled down the side.

Q. And what does that say?

A. "An affiliate in Florida, friendly people in the State. It's good that its IPP -- IPP no longer exists. It's not a 318 program." It's just my writing down stuff that people were saying, basically.

Q. What is an IPP?

A. The IPP is the Infertility Prevention Project which is what -- that's the term that's actually used in the defunding letters that you have, and I think in the Bill, I think in the law, the Infertility Prevention Project.

Q. And what did you mean when you said here that it's good that its -- it's good that its IPP no longer exists?

A. Well, at this point, and I can't remember when it was, I thought that the way the law

in the chain is from you to Lee Bower; is that correct?

A. Yes.

Q. And you appear to be forwarding --

A. In this chain.

Q. You appear to be forwarding these questions?

A. Yes.

Q. And asks you here, "Who should be providing the answers," and you provide some options there as potentials, correct?

A. Yes.

Q. Do you know if there was a response either from Mr. Bower or from someone else to your question about who should be providing answers?

A. I don't know.

Q. And do you know whether these answers were -- do you know whether these questions were in fact answered by anyone?

A. I don't know.

O. Who would have that information?

A. I don't know.

Q. And sitting here today you don't recall specifically whether this is the most -- let me ask you, is this the most recent e-mail in this chain, or

<p style="text-align: right;">Page 181</p> <p>1 would there have ultimately been follow-up e-mails?</p> <p>2 A. I don't know.</p> <p>3 (EXHIBIT MARKED FOR IDENTIFICATION.)</p> <p>4 By Ms. Robinson:</p> <p>5 Q. And then I will ask you to take a look</p> <p>6 at what's been marked as PPOH23958 which we marked as</p> <p>7 Exhibit 7. Do you recognize that document?</p> <p>8 A. I don't recognize it in sense that I</p> <p>9 don't remember seeing it or reading it, but I can see</p> <p>10 that it's addressed to me in part and I responded in</p> <p>11 part.</p> <p>12 Q. And the particular individual has been</p> <p>13 redacted, but it looks based on the e-mail address</p> <p>14 like this would have been someone else at PPSWO.</p> <p>15 Would you agree with that?</p> <p>16 A. Yes.</p> <p>17 Q. And so this would have been an e-mail</p> <p>18 from you to someone else at PPSWO?</p> <p>19 A. Well, first the e-mail from somebody at</p> <p>20 PPSWO to me and others, and then a response from me,</p> <p>21 and then another response -- another e-mail to me,</p> <p>22 and then another response from me.</p> <p>23 Q. Thank you. And that's a great point for</p> <p>24 clarification. We'll start -- I was looking at the</p> <p>25 most recent, but let's start with the original e-mail</p>	<p style="text-align: right;">Page 183</p> <p>1 Q. And then there's an e-mail from someone</p> <p>2 to you a little bit higher on Page 23959?</p> <p>3 A. Yes.</p> <p>4 Q. And then ultimately the last e-mail</p> <p>5 reflected here at least is on Page 23958, and it</p> <p>6 appears to be from you to someone else at PPSWO?</p> <p>7 A. Yes.</p> <p>8 Q. And it states here, "We actually think</p> <p>9 we may be able to move the HIV outreach to another</p> <p>10 organization (Caracole probably) so the program will</p> <p>11 continue somewhere if not with us." Did I read that</p> <p>12 correctly?</p> <p>13 A. Yes.</p> <p>14 Q. And that's referring to what you've</p> <p>15 already described today which is the HIV Prevention</p> <p>16 Program services that were previously provided by</p> <p>17 Planned Parenthood, by PPSWO, are now being provided</p> <p>18 by Caracole?</p> <p>19 A. Yes.</p> <p>20 MR. SCHOENFELD: Objection.</p> <p>21 By Ms. Richardson:</p> <p>22 Q. And I'm going to go back in time here to</p> <p>23 the e-mail that begins on the bottom of 23959 dated</p> <p>24 Monday, October 26th from you to, it appears someone</p> <p>25 else at PPSWO, and it states there, "The most direct</p>
<p style="text-align: right;">Page 182</p> <p>1 in the chain which appears to be listed on page</p> <p>2 what's been marked as PP0H 23961.</p> <p>3 A. Right.</p> <p>4 Q. And it's unclear, both the from and to</p> <p>5 e-mails have been completely -- have been redacted,</p> <p>6 but it looks like there is the last part of your last</p> <p>7 name. Would you agree with me?</p> <p>8 A. Yes.</p> <p>9 Q. And so it appears that you were a</p> <p>10 recipient of this original e-mail, would you agree?</p> <p>11 A. Yes.</p> <p>12 Q. And the subject line is, "How the new</p> <p>13 legislation effects PPSWO"; is that correct?</p> <p>14 A. Yes.</p> <p>15 Q. And is it your understanding that the</p> <p>16 legislation they are referring to is the law that's</p> <p>17 challenged in this case?</p> <p>18 A. Yes.</p> <p>19 Q. And then it appears that the next e-mail</p> <p>20 in that chain would have been from you to someone</p> <p>21 else at PPSWO; is that correct?</p> <p>22 A. Yes.</p> <p>23 Q. And it looks like that was on Monday,</p> <p>24 October 26th, 2015?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 184</p> <p>1 and certain impact will be on our education and HIV</p> <p>2 programs." Did I read that correctly?</p> <p>3 A. Yes.</p> <p>4 Q. And so again, you're referring to your</p> <p>5 opinion as to what the likely impact would be of the</p> <p>6 law that's challenged in this case; is that correct?</p> <p>7 A. Yes.</p> <p>8 Q. You can set that aside.</p> <p>9 A. Okay.</p> <p>10 Q. I'm going to ask you truthfully, very</p> <p>11 briefly, just a couple of questions about the</p> <p>12 declarations you submitted in this case.</p> <p>13 A. Okay.</p> <p>14 Q. As a lawyer you know you can never</p> <p>15 really trust lawyer's estimates of time, but I will</p> <p>16 be really brief here, I promise.</p> <p>17 MS. RICHARDSON: And we'll mark -- there</p> <p>18 should be a Declaration and Supplemental Declaration,</p> <p>19 and we'll a mark them together as Exhibit 8.</p> <p>20 (EXHIBIT MARKED FOR IDENTIFICATION.)</p> <p>21 By Ms. Richardson:</p> <p>22 Q. And, Mr. Lawson, the documents in front</p> <p>23 of you now marked as Exhibit 8, Declaration of Jerry</p> <p>24 Lawson, and then Second Declaration of Jerry Lawson.</p> <p>25 Did you create these declarations?</p>

<p style="text-align: right;">Page 185</p> <p>1 A. Yes.</p> <p>2 Q. And is it your understanding that they</p> <p>3 were submitted in connection with the litigation</p> <p>4 we're here about today?</p> <p>5 A. Yes.</p> <p>6 Q. And I just want to ask you generally,</p> <p>7 there are a number of statistics and numbers that are</p> <p>8 offered in these declarations. Can you just provide</p> <p>9 me, generally, what information did you rely on in</p> <p>10 preparing these declarations?</p> <p>11 A. Generally I relied on data from our</p> <p>12 database about the number of people who received</p> <p>13 different services of different kinds. In general,</p> <p>14 that's where it came from.</p> <p>15 Q. And your database, you're referring to a</p> <p>16 PPSWO database?</p> <p>17 A. A PPSWO database, two parts. One is</p> <p>18 what I would call our patient management database,</p> <p>19 another one being our health records database, and</p> <p>20 the third being the billing database.</p> <p>21 So to put this stuff together, you might</p> <p>22 have to -- on any one item you might have to pull</p> <p>23 from one or more of those bases to get to that.</p> <p>24 Q. And so there are -- there are three</p> <p>25 different databases that PPSWO maintains; is that</p>	<p style="text-align: right;">Page 187</p> <p>1 and given to me. I didn't compile it myself.</p> <p>2 Q. And with reference to opinions that you</p> <p>3 may have provided about potential impact on people</p> <p>4 other than PPSWO, what were you relying on?</p> <p>5 A. Can you tell me what you're referring</p> <p>6 to?</p> <p>7 Q. Sure. So for example, on Page 8.</p> <p>8 A. Okay.</p> <p>9 Q. You mention, "Given the stigma</p> <p>10 associated with STDs, some patients may forego</p> <p>11 testing all together if testing through PPSWO is</p> <p>12 unavailable."</p> <p>13 A. That kind of information actually comes</p> <p>14 from the experienced staff who have to deal with</p> <p>15 people, for example, who have STIs over the years,</p> <p>16 and they know that a certain amount of not anonymity,</p> <p>17 but -- well, kind of anonymity is important for</p> <p>18 people to come forward and get the service that they</p> <p>19 might need. That doesn't come out of a database,</p> <p>20 that comes out of the collective experience of the</p> <p>21 health center staff.</p> <p>22 Q. And were there specific staff members</p> <p>23 that you spoke to in preparing this declaration?</p> <p>24 A. There were. Are you referring to this</p> <p>25 specific statement that we just talked about?</p>
<p style="text-align: right;">Page 186</p> <p>1 correct?</p> <p>2 MR. SCHOENFELD: Objection.</p> <p>3 THE WITNESS: I'm not sure that it would</p> <p>4 be three different databases, but we have a -- there</p> <p>5 is sort of a two-part electronic health record that</p> <p>6 includes the electronic health records, but also</p> <p>7 includes the patient management information.</p> <p>8 The electronic health record is created</p> <p>9 when the patient is in and being treated. The other</p> <p>10 part is intake, history, that kind of thing.</p> <p>11 And then we also have a billing</p> <p>12 database, because we have a billing department that</p> <p>13 has that responsibility of billing Medicaid or health</p> <p>14 insurance, or BCCP.</p> <p>15 And so on any given piece of information</p> <p>16 I don't decide where it's going to come from, I ask</p> <p>17 somebody to give me the data, and somebody else</p> <p>18 determines where they are going to get it, and then I</p> <p>19 get it.</p> <p>20 By Ms. Richardson:</p> <p>21 Q. And so the information that is contained</p> <p>22 in these declarations, was this compiled for you by</p> <p>23 someone else?</p> <p>24 A. Yes. Knowing that we needed this</p> <p>25 information, the request was made and it was compiled</p>	<p style="text-align: right;">Page 188</p> <p>1 Q. We can start there with respect to that</p> <p>2 specific statement.</p> <p>3 A. I don't remember talking to a specific</p> <p>4 staff person, but if I had it would have likely been</p> <p>5 the director of finance, who has been with PPSWO for</p> <p>6 14 years, started as a health center assistant,</p> <p>7 became a manager, became a regional manager, and</p> <p>8 became the director of finance. She has a wealth of</p> <p>9 experience around the issues of how patients respond</p> <p>10 to different structures.</p> <p>11 Q. And sitting here today, you don't recall</p> <p>12 specifically whether you spoke with her in preparing</p> <p>13 your declaration?</p> <p>14 A. I don't.</p> <p>15 Q. Do you recall any other studies or</p> <p>16 information that you would have reviewed in preparing</p> <p>17 this declaration apart from data from PPSWO's</p> <p>18 databases?</p> <p>19 A. I do not recall looking at any other</p> <p>20 data or studies.</p> <p>21 Q. And is that true for the second</p> <p>22 declaration as well?</p> <p>23 A. Let me look at the second declaration.</p> <p>24 Yes, I would say that the second declaration, in the</p> <p>25 sense that it responds to the affidavits from the ODH</p>

<p style="text-align: right;">Page 189</p> <p>1 people, the information that I provide related to</p> <p>2 that information comes from the collective experience</p> <p>3 of our staff, including our really experienced staff,</p> <p>4 but also the anecdotal information that we're hearing</p> <p>5 in the health care community, and it's not based on</p> <p>6 any studies.</p> <p>7 Q. And you mentioned the collective</p> <p>8 experience of -- you're referring to PPSWO staff?</p> <p>9 A. Yes.</p> <p>10 Q. Do you recall talking to specific staff</p> <p>11 members in preparing your second declaration?</p> <p>12 A. I don't.</p> <p>13 Q. And did you speak to any other</p> <p>14 healthcare providers who may or may not be providing</p> <p>15 services under any of these programs?</p> <p>16 A. Not in immediate proximity to this, but</p> <p>17 I have, over time, had conversations with others.</p> <p>18 Q. But in preparing your --</p> <p>19 A. Not for preparation for this.</p> <p>20 Q. Thank you. Okay. You can set those</p> <p>21 aside. A few more questions. I want to talk a</p> <p>22 little bit about the abortion services that PPSWO</p> <p>23 provides.</p> <p>24 I believe you testified earlier that</p> <p>25 abortion services are only provided in the single</p>	<p style="text-align: right;">Page 191</p> <p>1 MR. SCHOENFELD: Objection.</p> <p>2 THE WITNESS: We can -- we refer to the</p> <p>3 first day that a patient comes to the surgical center</p> <p>4 as either consult day or consent day, the terms are</p> <p>5 sort of used interchangeably.</p> <p>6 So the patient who comes in that first</p> <p>7 day will have communicated first with a call center,</p> <p>8 which determines what she wants in terms of an</p> <p>9 appointment, maybe determine her financial</p> <p>10 circumstances, makes the appointment for her at the</p> <p>11 surgical center.</p> <p>12 The first day is a fairly long day,</p> <p>13 the -- I'm thinking through the steps. The patient</p> <p>14 registers. The patient next step goes to the lab,</p> <p>15 which means that she has her blood work done, her</p> <p>16 blood pressure, all that sort of thing.</p> <p>17 The next step is ultrasound to determine</p> <p>18 how far along she is and to determine a fetal heart</p> <p>19 beat number as required by Ohio law.</p> <p>20 The next step is what we call education,</p> <p>21 and this is the most -- this is the -- there's a</p> <p>22 video that is shown about the abortion process, and</p> <p>23 the patient meets with somebody, a trained staff</p> <p>24 member, who talks to the patient about the abortion</p> <p>25 process.</p>
<p style="text-align: right;">Page 190</p> <p>1 surgical center that PPSWO operates; is that correct?</p> <p>2 A. Yes, it is.</p> <p>3 Q. And I believe that you testified that in</p> <p>4 some cases if a woman comes into one of the family</p> <p>5 planning centers and ultimately she's determined to</p> <p>6 be pregnant, she may receive option counseling; is</p> <p>7 that a correct characterization?</p> <p>8 A. Yes.</p> <p>9 Q. And that would include abortion services</p> <p>10 as one option; is that correct?</p> <p>11 A. It would include carrying to term,</p> <p>12 adoption, or abortion, explaining that all are</p> <p>13 available options to her.</p> <p>14 Q. And some of those women, if they</p> <p>15 choose -- if they elect to have an abortion they</p> <p>16 would receive a list of providers including the PPSWO</p> <p>17 provider; is that correct?</p> <p>18 A. Yes.</p> <p>19 Q. And so we'll start now with someone who</p> <p>20 initially went to one of the family planning centers</p> <p>21 and then ultimately goes to the PPSWO surgical center</p> <p>22 for an abortion.</p> <p>23 Can you describe how that patient would</p> <p>24 be counselled and what would happen to her when she</p> <p>25 walks in the door at the surgical center?</p>	<p style="text-align: right;">Page 192</p> <p>1 If there's uncertainty on the part of</p> <p>2 the patient, they will talk to the patient about the</p> <p>3 options, gives the patient more information. It's</p> <p>4 more extensive, significantly more extensive, than</p> <p>5 what would happen at a health center where you have a</p> <p>6 patient who just turns up pregnant.</p> <p>7 And then if through that part of the</p> <p>8 process the patient has decided yes, I want to go</p> <p>9 ahead and get an abortion, the physician comes in and</p> <p>10 talks to the patient and the patient signs the</p> <p>11 consent forms.</p> <p>12 And the physician has to determine and</p> <p>13 advise the patient about the fetal heart beat as</p> <p>14 required by the law, and that is the end essentially</p> <p>15 of day one for the patient who wants an abortion.</p> <p>16 And then they get an appointment for day</p> <p>17 two, which is what we call procedure day, and they</p> <p>18 come in. It's a shorter day. They have an</p> <p>19 appointment for a procedure. They come in, they</p> <p>20 check in, and then basically unless there's some</p> <p>21 glitch in the process, they will end up in the</p> <p>22 procedure room and have a procedure by a doctor to</p> <p>23 terminate the pregnancy.</p> <p>24 By Ms. Richardson:</p> <p>25 Q. And a woman who is at the surgical</p>



<p style="text-align: right;">Page 193</p> <p>1 center to receive abortion services, would she be 2 able to receive any other services at the surgical 3 center? 4 A. We routinely do STI checks on everyone, 5 and we do -- gosh, what is it called? It's to 6 determine whether the patient needs Rhogam which you 7 give a patient who is -- it's that weird disconnect. 8 Q. In the blood type? 9 A. Yes. And I can't remember what it's 10 called. 11 Q. I forget the terminology, but I'm very 12 familiar. 13 A. Okay. 14 MR. SCHOENFELD: RH factor. 15 MS. RICHARDSON: There we go. 16 THE WITNESS: But no other services than 17 those that we consider good medicine for -- well, the 18 RH factor is critical. The STI is not critical, but 19 we consider to be good medicine for all patients who 20 are coming in for abortion. 21 No other services other than the 22 abortion are provided in the surgery center. 23 By Ms. Richardson: 24 Q. And so with respect to the STI, I want 25 to make sure that I understand something, because I</p>	<p style="text-align: right;">Page 195</p> <p>1 quite complicated. So it is very cumbersome for the 2 staff. 3 And the other reason we discontinued is 4 because we thought as a matter of judgment that it 5 would be best not to have one of the programs that 6 was being defunded attached to surgery. 7 So we don't provide STI testing or 8 medication under the STI program, but we continue to 9 provide it to patients as part of the abortion 10 process, and it's built into the abortion fee. 11 By Ms. Richardson: 12 Q. But until April of 2016 a patient 13 receiving an abortion service could receive free STD 14 testing under the STD Prevention Program? 15 A. Yes. I think it started in the summer 16 of '15, and we implemented it and then discontinued 17 on April 1st. 18 Q. And that was a voluntary decision that 19 PPSWO made in April of this year? 20 A. Yes. 21 Q. Did you alter the terms of your contract 22 or make any other changes that would preclude you 23 from offering free testing going forward? 24 A. No. 25 Q. And so why -- why is electronic -- why</p>
<p style="text-align: right;">Page 194</p> <p>1 was a little bit confused. 2 A. Okay. 3 Q. Under the STD Prevention Program, which 4 we have been talking about as one of the programs 5 outlined in the law that's being challenged here, I 6 think you testified just a little bit ago as we were 7 going through your handwritten notes, that a patient 8 at a surgical center might be eligible to receive the 9 free testing lab kit; is that correct? 10 MR. SCHOENFELD: Objection. 11 THE WITNESS: We had a contract, but we 12 don't any longer. We had a contract with ODH through 13 June 30th that allowed us to provide testing under 14 the STD program in surgery. We did that for a while, 15 but then -- under the contract, and then we 16 discontinued it around the first of April. 17 By Ms. Richardson: 18 Q. Around the first of April of this year? 19 A. Yeah. 20 Q. And why did you discontinue that? 21 MR. SCHOENFELD: Objection. 22 THE WITNESS: We discontinued it for two 23 reasons. One, we don't have electronic health 24 records in surgery, so the process of sending the 25 test to CDD Labs, which does that work for ODH is</p>	<p style="text-align: right;">Page 196</p> <p>1 are electronic medical records not provided at the 2 surgical center? 3 A. It's a really, really difficult rollout, 4 because what you have to do is take your staff, and 5 in this case it's the physician staff who are used to 6 handwriting systems, and retrain them to do all of 7 their work on an electronic -- on a computer. So 8 everything gets recorded on the computer. 9 And leading up to that you have to 10 develop what are called templates for use by the 11 staff in the surgery center, and we -- and it slows 12 everybody down, it puts a drag on the number of 13 people you can see, it takes the process much longer. 14 The staff people get real irritated. 15 And we rolled it out to our health 16 centers two years ago and have just decided up to 17 this point that we weren't ready to do it in surgery. 18 Q. Are there plans in place to implement 19 electronic health records at some point in the 20 future? 21 MR. SCHOENFELD: Objection. 22 THE WITNESS: Yes, but not specifically 23 when. 24 By Ms. Richardson: 25 Q. And who -- what employees would work at</p>

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1 the surgical center?

2 A. You have a group of people called  
3 surgical assistants who are like the health care  
4 assistants, except they work in surgery. They are  
5 the people who do intake and check out. You have --  
6 and there's overlap with some of these functions.

7 You have a group of people called  
8 educators who are trained to meet with the patients  
9 and do that education work, including the options  
10 stuff that we talked about.

11 You have people who are usually L.P.N.s  
12 who do the lab work. You have ultrasound specialists  
13 who are specifically trained and certified to do the  
14 ultrasound tests to determine gestational age and  
15 heart beat.

16 You have R.N.s who work mainly in the  
17 recovery room, which actually is a little bit of a  
18 misnomer because it's both pre-op and post-op. Some  
19 people are in and have to wait for a considerable  
20 period of time because they are receiving a  
21 medication that will ease the procedure. And other  
22 people are in after the procedure, much shorter  
23 period of time as a rule.

24 You have the physicians who actually do  
25 the procedures and the consents. So it's a fairly

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1 you have in place to keep those separate?

2 A. Well, you mentioned the array of  
3 services that are provided. So the services that are  
4 provided in surgery are limited to surgical  
5 procedures -- or services, versus other services that  
6 would be provided at the family planning health  
7 centers.

8 We have very scrupulous financial  
9 accounting methods to make sure that revenue and  
10 expenses are properly coded to the service that's  
11 being provided, whether it's surgery or whether it's  
12 something else. We have different managers, so the  
13 surgery manager does not manage elsewhere.

14 Q. You mentioned coding. What do you mean  
15 by that?

16 A. This would be a good question for Lee  
17 Bower, but I can briefly answer it. I'm not an  
18 accountant and I don't quite fully understand this,  
19 but in the general ledger you have all these account  
20 codes, and so every expenditure and every revenue  
21 item is coded according to a code.

22 And there are codes for surgery and  
23 there are codes for the family planning health  
24 centers, and so, you know, we follow that very, very  
25 carefully.

Page 198

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 Q. Do any of the L.P.N.s or nurse  
7 practitioners or health care assistants who work in  
8 the family planning centers also work in the surgical  
9 center?

10 A. No.

11 Q. Would there be any employees that would  
12 work both places?

13 A. Not at the same time, I mean during the  
14 same time period.

15 There might be a person, for example,  
16 who has been working in a family planning center on  
17 the west side who transfers into the surgery center,  
18 but that person no longer works in the family  
19 planning center, only works in the surgery.

20 Q. And is that a policy that would be  
21 documented somewhere in a handbook or elsewhere?

22 A. I don't know. But it's one of the ways  
23 that we scrupulously separate our abortion services  
24 from our family planning services.

25 Q. And what other procedures or policies do

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1 Q. And so using the example of a patient  
2 who receives abortion services and STI screening at  
3 the surgical center, how would that be coded?

4 A. It's coded I think as just an abortion  
5 service.

6 Q. And I think I started this line of  
7 questioning by talking about someone who initially  
8 went to the family planning center and then  
9 ultimately came to the surgical center.

10 Would there be any difference in the  
11 procedures you've described for someone whose first  
12 contact with PPSWO is the surgical center?

13 A. The process that I described for  
14 somebody who first went to family planning and then  
15 went to surgery is the same process for that person  
16 in surgery as if that's the place they started.

17 Q. Okay. Thank you. Now earlier we talked  
18 about someone who has a BCCP voucher and comes to the  
19 planning center and is determined to be pregnant.

20 Would it be true also for someone who  
21 comes into a family planning center for STD screening  
22 whether under the STD Prevention Program or  
23 otherwise, would that person regularly be given a  
24 pregnancy test?

25 MR. SCHOENFELD: Objection.

<p style="text-align: right;">Page 201</p> <p>1 THE WITNESS: Not as a routine matter.  2 But if there are clinical indicators or information  3 that you get from the patient, or the patient thinks  4 that she might be pregnant, then a pregnancy test  5 would be offered and provided if she wanted it.  6 So somebody might come in and say I  7 haven't had a period for three months, and the  8 clinician is probably going to say let's do a  9 pregnancy test, for example.  10 By Ms. Richardson:  11 Q. And if that patient -- so let's talk  12 specifically about someone who might have come in for  13 STD screening under the STD Prevention Program. In  14 the scenario you just described she's given a  15 pregnancy test and that test is positive. Would she  16 be given the same kind of options counseling you  17 described earlier?  18 A. Yes.  19 MR. SCHOENFELD: Objection.  20 By Ms. Richardson:  21 Q. And are there circumstances in your  22 educational programs where someone might provide  23 options counseling to a person who is receiving or  24 participating in a training program?  25 A. I'm not sure I understand that question.</p>	<p style="text-align: right;">Page 203</p> <p>1 youth and someone comes up and says I'm pregnant? Do  2 they have specific policies for what kinds of  3 referrals they make or what they should say to that  4 individual?  5 MR. SCHOENFELD: Objection.  6 THE WITNESS: I don't believe there is  7 such a policy. The VAWA curriculum does not have  8 anything about abortion in it, but that doesn't mean  9 that if you were training people to deliver the VAWA  10 program that you wouldn't say here are some things  11 you might hear because you're going to be training  12 high school kids, and here is how you would want to  13 respond to it.  14 The VAWA curriculum, just to be real  15 clear, is not a sex-ed curriculum, it's a violence  16 prevention curriculum. So it's less likely to come  17 up in a VAWA setting than, say, a PREP setting.  18 By Ms. Richardson:  19 Q. That makes sense. And what about the  20 same question with respect to PREP, would there be  21 any specific protocol or policy for what someone  22 should do if --  23 A. Options would be what would you talk  24 about if the topic came up in a PREP session. But  25 remember, the PREP sessions are generally training</p>
<p style="text-align: right;">Page 202</p> <p>1 Q. So would there ever be a circumstance  2 that you can think of that someone who is  3 participating in a PREP training program or a VAWA  4 training program, might receive the kind of options  5 counseling that you mentioned earlier?  6 A. I think in the PREP programs the  7 curriculum includes an answer to the question, but  8 it's not an individual counseling session.  9 So if you are training a group of people  10 who work with kids in foster care or kids in the  11 juvenile justice system, part of the training of  12 those professionals would be how do you answer these  13 questions. What if somebody says what if I'm  14 pregnant, what should I do. I believe the curriculum  15 includes you should explain that these are the  16 options if you're pregnant.  17 But if someone said I think I'm  18 pregnant, the trainer is not going to go off in a  19 corner and counsel that person about what to do.  20 They might refer them, but the training is separate  21 and apart from the actual one-on-one delivery of  22 health services.  23 Q. Thank you. And is there a set protocol  24 for your trainers for what happens if they are in  25 VAWA, for example, where they are interacting with</p>	<p style="text-align: right;">Page 204</p> <p>1 people who work with kids, not working directly with  2 the kids. So you would -- and those are 14 to 19  3 year olds.  4 So it's transferring the information  5 from our really expert people to these people who are  6 directly on the line, so to speak. And then they  7 work with the kids so you would, probably in  8 training -- I mean, all kinds of questions come up in  9 the training, and I'm -- I'm guessing not everything  10 is covered by the protocol. But our experienced  11 trainers probably have heard it all and know how they  12 would respond.  13 Q. And I apologize, I may have asked this  14 earlier, but does PPSWO create any training materials  15 or protocol with respect to the PREP or the VAWA  16 programs?  17 A. No.  18 MS. RICHARDSON: If we can take just a  19 five-minute break, I may be done.  20 (Recess taken.)  21 MS. RICHARDSON: No further questions.  22 Thank you for your time, Mr. Lawson.  23 ---  24 EXAMINATION  25 By Mr. Schoenfeld:</p>

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Q. I just have a few questions relating to your testimony. Mr. Lawson, do you recall giving testimony about the education program PPSWO was considering implementing in the event that the PREP and VAWA funds are no longer available?

A. Yes.

Q. And do you recall describing those programs being different under the PREP and VAWA funds?

A. Yes.

Q. In what way would the program that PPSWO has considered implementing in the event that the funding statute takes effect be different from the program offered under the PREP and VAWA programs?

A. The different program that is under consideration is an evidence-based sex education program that would be delivered in the schools who would take it.

Distinguishing that from PREP, PREP is a sex-ed curriculum on which the State has built these three other units; financial management, job search, and healthy relationships.

That program is specifically focused on training people who work with foster kids, kids in the foster system in one way or another, or in the

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By Ms. Richardson:

Q. Hello, Mr. Bower. We just met off the record, but for the record my name is Ryan Richardson and I work at the Ohio Attorney General's office, and I'm here on behalf of the defendant in this case, the Ohio Department of Health. Have you ever been deposed before today?

A. No.

Q. Okay. So I will just briefly go over a couple of the ground rules for today. As you probably know, I'm going to be asking you a series of questions. Your attorney will be objecting, but unless he specifically instructs you not to answer you will go ahead and just answer my question.

If at any point in time you don't understand the question I've asked, just let me know and I'll be happy to rephrase. If you do answer the question that I've asked I'm going to assume that you have understood it. Is that fair?

A. Yes.

Q. And if you need to take a break at any point in time just let me know, that's completely fine. All that I ask is that you answer the question that is pending before we take a break.

A. Okay.

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juvenile justice system. And the new program would not have access to those kids because that access comes from the fact that the State sponsors the PREP program. So that would be a significant shift in terms of the target.

The main difference between VAWA is the new curriculum, or the different program might have some aspects that relate to violence prevention around healthy relationships, that sort of thing, but that would not be the thrust of it.

So the VAWA program as currently designed as a violence prevention program, not a sex-ed program, and the way I understand what the educators were telling me about the different curriculum that they wanted to implement if we lost VAWA and PREP was not focused on violence prevention.

MR. SCHOENFELD: Nothing further.

MS. RICHARDSON: No further questions. Thank you.

(Recess was taken.)

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Lee Bower,  
being by me first duly sworn, as hereinafter  
certified, deposes and says as follows:

EXAMINATION

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Q. Are you taking any medications or is there any other reason that you might not be able to answer truthfully and completely today?

A. No, but I have some back pain so I might stand up occasionally.

Q. Help yourself, absolutely no problem at all. And hopefully -- I shouldn't even say this now, but I will try to be as brief as possible.

MS. BRANCH: You just jinxed it.

MS. RICHARDSON: I apologize.

By Ms. Richardson:

Q. So my understanding is that you are here today -- well, actually, let me step back and borrow Exhibit 1. I will hand you what has been marked as Exhibit 1 to this deposition, and I'll give you a moment to take a look at that.

MS. BRANCH: Can we take a break for a second?

(Recess taken.)

By Ms. Richardson:

Q. Mr. Bower, have you seen the document in front of you before today?

A. I don't think so. Can I read it?

Q. Sure. Absolutely. And to save you some time I'm going to focus your attention. This is --

<p style="text-align: right;">Page 209</p> <p>1 A. Wait. Yeah, I have, sorry. I didn't 2 recognize the first page. 3 Q. And if we look at the first page it says 4 Notice of Rule 30(b)(6) Deposition. And is it your 5 understanding that you are here today to testify on 6 behalf of PPSWO? 7 A. Yes. 8 Q. And if you take a look at item No. 7 on 9 Schedule A which is attached to document 1, and this 10 states financial -- "Your financial statements, 11 reports, plans, and other information for fiscal 12 years 2010 through 2015, including total revenues, 13 expenses, net income or losses, operating income or 14 expenses; revenues, expenses, net income and losses 15 attributable to services related to programs 16 identified in Ohio Revised Code 3701.034; revenues 17 received by, on behalf of, or related to patients 18 receiving abortion services; and budgets." Did I 19 read that correctly? 20 A. Yes. 21 Q. Are you prepared to talk about the items 22 listed in No. 7 today? 23 A. Yes. 24 Q. Anything referenced in No. 7 that you're 25 not prepared to talk about today?</p>	<p style="text-align: right;">Page 211</p> <p>1 Q. And what did you do as a contractor for 2 PPSWO? 3 A. I was brought in as a contractor in, I 4 think late 2013, in a temporary role as a -- just to 5 have an on-site CPA. 6 Q. And can you just briefly describe your 7 educational background and any certifications that 8 you have? 9 A. Yeah. I have an Associate's Degree from 10 Hinds Community College, a Bachelor's Degree from 11 Xavier University, and a Master's in accounting from 12 the University of Virginia. And I'm an inactive CPA. 13 Q. And what does it mean to be an inactive 14 CPA? 15 A. It means I am not doing the CPE anymore, 16 so I make my status inactive. 17 Q. And how long have you been inactive? 18 A. I think I went inactive at the beginning 19 of '15. 20 Q. Can you just briefly describe your 21 responsibilities as COO for PPSWO? 22 A. Yeah. I supervise multiple departments 23 that perform internal functions or support services 24 for PPSWO. 25 Q. What is your role specifically as it</p>
<p style="text-align: right;">Page 210</p> <p>1 A. Some information from before I arrived 2 at Planned Parenthood. I have been -- I have 3 reviewed some of the older documents in preparation, 4 though. 5 Q. And so that's a good place to start. 6 First of all, can you just state for the record what 7 your current position is with Planned Parenthood? 8 A. I'm the Chief Operating Officer. 9 Q. And how long have you been in that 10 position? 11 A. Since around December of '14. 12 Q. And prior to that point were you 13 employed by Planned Parenthood? 14 A. Yeah, I was the CFO. 15 Q. And how long were you the CFO? 16 A. From January 1 of '14. 17 Q. When were you first employed by PPSWO? 18 A. January 1 of '14. 19 Q. So you started out as the CFO and then 20 became the COO? 21 A. That's correct. 22 Q. Prior to that point had you had any 23 involvement or employment with either PPSWO or any 24 other Planned Parenthood organization? 25 A. I was a contractor for PPSWO.</p>	<p style="text-align: right;">Page 212</p> <p>1 relates to financial recordkeeping or preparation of 2 financial reports? 3 A. I and my staff prepare the financial 4 reports for the agency, and I review them and present 5 them to the board of directors. 6 Q. Before we start it might be helpful if 7 it's possible to just walk through the types of 8 reports that PPSWO would prepare on a regular basis, 9 financially speaking. 10 A. Okay. 11 Q. So can you just kind of describe for 12 me -- I assume that there would be like an annual 13 financial statement of some sort; is that correct? 14 A. Yes. 15 Q. And -- go ahead. 16 A. There's an annual audit that's prepared 17 and presented to the Board. 18 Q. And who performs that annual audit? 19 A. RSM. 20 Q. And so they audit your financial 21 statements? 22 A. Yes. 23 Q. And do you have an obligation to submit 24 those audited financial statements to any 25 governmental entity for review?</p>

<p style="text-align: right;">Page 213</p> <p>1 A. I don't know if it's a governmental</p> <p>2 entity or not, but it goes to guide star.</p> <p>3 Q. What is GuideStar?</p> <p>4 A. GuideStar is a -- it's like the</p> <p>5 equivalent of where you can get for-profit company</p> <p>6 financial statements, it has nonprofit company</p> <p>7 financial company statements.</p> <p>8 Q. And so are those audited financial</p> <p>9 statements then available to the public through</p> <p>10 GuideStar?</p> <p>11 A. Certain parts.</p> <p>12 Q. Which parts?</p> <p>13 A. Typically a 990.</p> <p>14 Q. And it's been a while since I've looked</p> <p>15 at a 990, but can you remind me what information is</p> <p>16 included on that?</p> <p>17 A. It's an informational tax return for</p> <p>18 nonprofit agencies and it has details of all</p> <p>19 operations of those entities.</p> <p>20 Q. Are there any other annual financial</p> <p>21 statements that PPSWO would prepare?</p> <p>22 A. We prepare financial statements that</p> <p>23 also just go to our board of directors.</p> <p>24 Q. Any other annual reports?</p> <p>25 A. None that I can think of.</p>	<p style="text-align: right;">Page 215</p> <p>1 challenged statute. Can we agree that that's the</p> <p>2 statute --</p> <p>3 A. Yeah.</p> <p>4 Q. -- that's at issue here? Does that</p> <p>5 statute set forth particular programs that are</p> <p>6 impacted?</p> <p>7 A. Yes.</p> <p>8 Q. And can you just give me your</p> <p>9 understanding of the programs that are affected?</p> <p>10 A. For PPSWO it's the PREP program, the</p> <p>11 VAWA program, the HIV program, and the STD testing</p> <p>12 program.</p> <p>13 Q. So let's focus on these specific</p> <p>14 programs. Does PPSWO provide any type of specific</p> <p>15 financial analysis related to the PREP program?</p> <p>16 MR. SCHOENFELD: Objection.</p> <p>17 THE WITNESS: We look at expenses and</p> <p>18 revenues for it.</p> <p>19 By Ms. Richardson:</p> <p>20 Q. And do you record those expenses and</p> <p>21 revenues specific to PREP?</p> <p>22 A. In our accounting software, yeah. In</p> <p>23 our accounting software.</p> <p>24 Q. What accounting software is that?</p> <p>25 A. We use AccuFund.</p>
<p style="text-align: right;">Page 214</p> <p>1 Q. What about quarterly financial reports?</p> <p>2 A. We prepare quarterly financial reports</p> <p>3 that also go to the board of directors.</p> <p>4 Q. Do you prepare formal budgets that are</p> <p>5 presented to the Board or anyone else?</p> <p>6 A. Yes.</p> <p>7 Q. How often do you prepare budgets?</p> <p>8 A. Annually.</p> <p>9 Q. And what about with respect to</p> <p>10 particular programs or projects, does PPSWO provide</p> <p>11 any program-based financial analyses?</p> <p>12 MR. SCHOENFELD: Objection.</p> <p>13 THE WITNESS: In what context?</p> <p>14 By Ms. Richardson:</p> <p>15 Q. So let's step back here for a moment.</p> <p>16 Are you familiar with the subject of the litigation</p> <p>17 that we're here for this deposition today?</p> <p>18 A. Yes.</p> <p>19 Q. And what's your understanding of this</p> <p>20 litigation?</p> <p>21 A. That it defunds entities that provide or</p> <p>22 promote abortions in the State of Ohio from receiving</p> <p>23 certain funds from the federal government.</p> <p>24 Q. And I'm going to refer to the statute</p> <p>25 that's being challenged in this case as just the</p>	<p style="text-align: right;">Page 216</p> <p>1 Q. And so let's start -- Let's just look</p> <p>2 for a moment at the most recent fiscal year, which I</p> <p>3 understand would be June 30th of 2015 -- sorry,</p> <p>4 July 1st of 2015 through June 30th of 2016; is that</p> <p>5 correct?</p> <p>6 A. Yes, that year is not closed.</p> <p>7 Q. Okay. So let's look at the most recent</p> <p>8 fiscal year that would be available then. That would</p> <p>9 be fiscal year '14?</p> <p>10 A. No, that's fiscal year '15.</p> <p>11 Q. I'm sorry. What were the revenues</p> <p>12 related to the PREP program for that fiscal year?</p> <p>13 A. That's in the audited financial</p> <p>14 statements. Do you have a copy of it? I can --</p> <p>15 Q. I do not have a copy, but one of the</p> <p>16 things that we're going to talk about here I believe</p> <p>17 is whether or not it might be possible for you to</p> <p>18 pull some of these numbers that we're going to talk</p> <p>19 about from financial statements. So is this a number</p> <p>20 that you could obtain from an existing financial</p> <p>21 statement or report?</p> <p>22 A. Yes.</p> <p>23 Q. And what report would that be in?</p> <p>24 A. That would be in our annual audit.</p> <p>25 Q. And that would have revenues related to</p>

<p style="text-align: right;">Page 217</p> <p>1 the PREP program specifically?</p> <p>2 A. Yes, it would have revenues for the PREP</p> <p>3 program.</p> <p>4 Q. Would it also have expenses related to</p> <p>5 the PREP program?</p> <p>6 A. Only in aggregate with the other</p> <p>7 education programs.</p> <p>8 Q. I understand that overall the grant</p> <p>9 received from ODH with respect to the PREP program</p> <p>10 was not sufficient to cover all of the expenses</p> <p>11 related to PREP; is that correct?</p> <p>12 A. We spend more on PREP than we are</p> <p>13 allowed to charge to the grant.</p> <p>14 Q. Do you know how much more?</p> <p>15 A. No, it's mostly a -- a time issue. Some</p> <p>16 of our staff spend more time than we are allowed to</p> <p>17 charge to the grant on the grant.</p> <p>18 Q. So is it fair to say that that program</p> <p>19 would result in a net loss from a financial</p> <p>20 standpoint?</p> <p>21 MR. SCHOENFELD: Objection.</p> <p>22 THE WITNESS: The education</p> <p>23 department -- it's more than just a financial impact</p> <p>24 to lose a program like this.</p> <p>25 By Ms. Richardson:</p>	<p style="text-align: right;">Page 219</p> <p>1 Q. Is that something that you could provide</p> <p>2 to us?</p> <p>3 A. It would take extensive preparation. I</p> <p>4 don't know.</p> <p>5 Q. What would you need to do to obtain that</p> <p>6 number?</p> <p>7 A. I would have to meet with multiple</p> <p>8 employees about the time that they spent on grants</p> <p>9 not -- that we can't charge to the grants.</p> <p>10 Q. And this is not something then that you</p> <p>11 were prepared to talk about coming in here today for</p> <p>12 purposes of this deposition?</p> <p>13 A. This isn't something that we analyze on</p> <p>14 a regular basis or anything like that. We don't look</p> <p>15 at loss by hour or anything like that for the grants.</p> <p>16 Q. And so let's just break it down for a</p> <p>17 minute, and we'll stay focused on PREP. Apart from</p> <p>18 the money that comes in from ODH with respect to the</p> <p>19 grant itself, are there any other revenues that would</p> <p>20 come in associated with the PREP program?</p> <p>21 A. No.</p> <p>22 Q. And what about with respect to expenses,</p> <p>23 can you just walk me through generally -- you</p> <p>24 mentioned staff time. What other expenses would be</p> <p>25 related to the PREP program?</p>
<p style="text-align: right;">Page 218</p> <p>1 Q. Sure. And I understand you're here to</p> <p>2 testify specifically about the financial impacts; is</p> <p>3 that correct?</p> <p>4 A. Yes.</p> <p>5 Q. And so my question is just specifically</p> <p>6 with respect to the numbers, the financial numbers,</p> <p>7 you would operate at a loss with respect to PREP</p> <p>8 financially; is that correct?</p> <p>9 A. Yes.</p> <p>10 Q. Would you be able to find the precise</p> <p>11 amount of that loss for, we'll say the last five</p> <p>12 fiscal years?</p> <p>13 A. I don't think I could find it for all</p> <p>14 five fiscal years.</p> <p>15 Q. Would you be able to find it for some</p> <p>16 fiscal years?</p> <p>17 A. It would be an estimated loss in that</p> <p>18 case.</p> <p>19 Q. And where would that estimated loss be</p> <p>20 documented?</p> <p>21 A. It's not documented anywhere. I would</p> <p>22 have to develop it.</p> <p>23 Q. Is that something you're prepared to</p> <p>24 talk about today?</p> <p>25 A. No, it's not.</p>	<p style="text-align: right;">Page 220</p> <p>1 A. There's multiple expenses. For example,</p> <p>2 it gets charged -- the PREP program has rent</p> <p>3 associated with it, supplies, benefits for employees.</p> <p>4 Q. And what is the rent associated with the</p> <p>5 PREP program?</p> <p>6 A. It would be an allocated portion of rent</p> <p>7 from any of the sites where a PREP person would be</p> <p>8 working.</p> <p>9 Q. And which sites would that include with</p> <p>10 respect to PREP, specifically?</p> <p>11 A. It would be -- I can't recall where some</p> <p>12 of our PREP people work all the time. Some of them</p> <p>13 work out of Dayton and some of them work out of</p> <p>14 Cincinnati.</p> <p>15 Q. And so do I understand then correctly</p> <p>16 that you would allocate a portion of the rent for</p> <p>17 those two locations to the PREP program?</p> <p>18 A. Yes, if -- if the location pays rent</p> <p>19 then they would get an allocated part of the rent.</p> <p>20 Q. And the money that comes in from PREP,</p> <p>21 how is that money maintained? Does it go into a</p> <p>22 general revenue fund, or how would it be recorded?</p> <p>23 MR. SCHOENFELD: Objection.</p> <p>24 THE WITNESS: All of the money that</p> <p>25 comes in is coded to a specific account related to</p>

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<p>1 that program and the department that runs the</p> <p>2 program.</p> <p>3 By Ms. Richardson:</p> <p>4 Q. And so you mentioned rent. So I take it</p> <p>5 then that money that comes in through PREP would be</p> <p>6 coded with whatever the PREP coding is. Would that</p> <p>7 also then be tied to the allocated portion of rent</p> <p>8 for PREP?</p> <p>9 MR. SCHOENFELD: Objection.</p> <p>10 THE WITNESS: I'm sorry, can you repeat</p> <p>11 that?</p> <p>12 By Ms. Richardson:</p> <p>13 Q. Sure. I'm just trying to understand</p> <p>14 generally, and I'm sure I'm butchering terminology so</p> <p>15 I apologize for that, but you mentioned that each of</p> <p>16 these grants would be coded; is that fair?</p> <p>17 A. Yeah, they all have department codes</p> <p>18 that they go to, and then a program code that they go</p> <p>19 to for the revenue and expenses.</p> <p>20 Q. What do the department codes relate to?</p> <p>21 A. They are assigned to the departments of</p> <p>22 Planned Parenthood.</p> <p>23 Q. Which would include what?</p> <p>24 A. The grants are all -- all go through the</p> <p>25 education department of Planned Parenthood.</p>	<p>1 that's all broken out.</p> <p>2 Q. And you mentioned the grant budget.</p> <p>3 What are you referring to?</p> <p>4 A. Each year the agency applies for --</p> <p>5 reapplies for the grant and they submit a proposed</p> <p>6 budget to ODH.</p> <p>7 Q. So you're referring to the budget that's</p> <p>8 submitted to ODH?</p> <p>9 A. Yes.</p> <p>10 Q. Apart from that budget are there any</p> <p>11 other program-specific budgets or analyses that are</p> <p>12 created?</p> <p>13 A. There is a tracking spreadsheet that is</p> <p>14 used for grant billing purposes.</p> <p>15 Q. And what would be included on the</p> <p>16 spreadsheet?</p> <p>17 A. All the categories from the grant</p> <p>18 budget.</p> <p>19 Q. And so would you be able to determine</p> <p>20 from that spreadsheet the amount of expenditures</p> <p>21 associated with a particular program?</p> <p>22 A. You would be able to associate the</p> <p>23 billable expenditures associated with the program.</p> <p>24 Q. But the expenditures beyond what can be</p> <p>25 billed again would just go to the department, they</p>
Page 222	Page 224
<p>1 Q. And you're referring specifically to</p> <p>2 PREP and VAWA grants, correct?</p> <p>3 A. And the HIV.</p> <p>4 Q. And HIV. So they would be coded to the</p> <p>5 education department?</p> <p>6 A. Yes. And then have an additional</p> <p>7 program code within the education department.</p> <p>8 Q. And is there a specific program code for</p> <p>9 PREP, VAWA, and HIV?</p> <p>10 A. Yes, each one has a program code.</p> <p>11 Q. And then are expenses related to those</p> <p>12 programs also coded with that same program code?</p> <p>13 A. The billable expenses are coded to the</p> <p>14 grants program code. If we have expenses that we are</p> <p>15 not allowed to bill they do not get coded to the</p> <p>16 program code.</p> <p>17 Q. How would those be coded?</p> <p>18 A. Those would be coded to the department</p> <p>19 that they are in, education in this case, and then</p> <p>20 the general expense code.</p> <p>21 Q. So we'll look at PREP for example.</p> <p>22 Would you allocate a certain part of the PREP funding</p> <p>23 to go towards rent or salaries or things of that</p> <p>24 nature?</p> <p>25 A. Yes, that's -- on the grant budget</p>	<p>1 wouldn't be reflected on this?</p> <p>2 A. Yeah, the department would have expenses</p> <p>3 that are -- that can be related to the program that</p> <p>4 are not being coded to the program because they are</p> <p>5 either disallowed or in a different category.</p> <p>6 Q. So we mentioned PREP. With respect to</p> <p>7 VAWA, my understanding is that program also involves</p> <p>8 more expenses than revenues; is that correct?</p> <p>9 A. Yes, that program also has excess</p> <p>10 employee time that is not chargeable to the grant.</p> <p>11 Q. And sitting here today, can you tell me</p> <p>12 how much that difference is?</p> <p>13 A. No, this comes from discussions with</p> <p>14 staff members. I don't have exact amounts.</p> <p>15 Q. And which staff members did you discuss</p> <p>16 this with?</p> <p>17 A. People in the education department.</p> <p>18 Q. And you don't even need to give me exact</p> <p>19 amounts, if you can just give me a ballpark of that</p> <p>20 deficit as you understand it from discussions with</p> <p>21 staff members.</p> <p>22 A. For example, our Vice-President of</p> <p>23 Education, she does not have any time allocated to</p> <p>24 the grant, but she supervises people who are on the</p> <p>25 grant, and that takes up a portion of her time and I</p>



<p style="text-align: right;">Page 225</p> <p>1 don't know the exact amount.</p> <p>2 Q. And so again, if I wanted to quantify</p> <p>3 the amount of the operating loss, is that a number</p> <p>4 you could provide?</p> <p>5 A. No.</p> <p>6 Q. Do you have a ballpark as to what that</p> <p>7 amount is?</p> <p>8 A. I can find out the total loss for the</p> <p>9 education department.</p> <p>10 Q. And is that a number you could provide</p> <p>11 us with?</p> <p>12 A. That is in the audited financials.</p> <p>13 Q. Total loss for the education department?</p> <p>14 A. Yeah, you can find it in the audited</p> <p>15 financials.</p> <p>16 Q. And included within the department would</p> <p>17 be VAWA, HIV, and PREP; is that correct?</p> <p>18 A. Yes.</p> <p>19 Q. Would there be other programs included</p> <p>20 within the financials for the education department?</p> <p>21 A. What do you mean by "programs"?</p> <p>22 Q. So in other words, if I look at your</p> <p>23 audited financial statements and I look at the</p> <p>24 numbers for the education department, would that</p> <p>25 include programs other than the three that I just</p>	<p style="text-align: right;">Page 227</p> <p>1 the education department that would reduce the</p> <p>2 operating loss for the department?</p> <p>3 A. None that I can think of right now.</p> <p>4 Q. I'd like to talk about the STD</p> <p>5 Prevention Program now for a moment. Are you</p> <p>6 familiar with that program at least as it relates to</p> <p>7 the financials?</p> <p>8 A. It doesn't really relate to the</p> <p>9 financials.</p> <p>10 Q. Why not?</p> <p>11 A. Because it's only a supplies program and</p> <p>12 testing program.</p> <p>13 Q. And so would you have any expenses</p> <p>14 related to the STD Prevention Program that are not</p> <p>15 covered by the grant?</p> <p>16 MR. SCHOENFELD: Objection.</p> <p>17 THE WITNESS: Just the staff time</p> <p>18 involved.</p> <p>19 By Ms. Richardson:</p> <p>20 Q. And is that something that you would</p> <p>21 record as it relates specifically to the STD</p> <p>22 Prevention Program?</p> <p>23 A. No.</p> <p>24 Q. It's my understanding that a patient who</p> <p>25 comes in and receives screening under the STD program</p>
<p style="text-align: right;">Page 226</p> <p>1 mentioned?</p> <p>2 A. There is other work that the education</p> <p>3 department does that would be in that also.</p> <p>4 Q. Okay. And what would that be?</p> <p>5 A. There's a conference that they put on</p> <p>6 that has some fees associated with it that would show</p> <p>7 up on the audited financial statements, not as a</p> <p>8 separate line item though.</p> <p>9 Q. And so that would be subsumed in the</p> <p>10 overall financial information for the education</p> <p>11 department?</p> <p>12 A. Yes.</p> <p>13 Q. And the conference, would that be a net</p> <p>14 gain, would be net income added in? In other words,</p> <p>15 it brings in more revenue than expenses?</p> <p>16 MR. SCHOENFELD: Objection.</p> <p>17 THE WITNESS: It brings in more revenue.</p> <p>18 I would not characterize it as increase to net</p> <p>19 income.</p> <p>20 By Ms. Richardson:</p> <p>21 Q. What's the right way to characterize it?</p> <p>22 A. I would just say it reduces the</p> <p>23 operating loss for the department.</p> <p>24 Q. So with the exception of the conference</p> <p>25 that you mentioned, are there any other programs from</p>	<p style="text-align: right;">Page 228</p> <p>1 would be assessed a \$10 fee, I think if I'm recalling</p> <p>2 correctly. Are you aware of that?</p> <p>3 A. That's the collection fee or the</p> <p>4 specimen handling, yes.</p> <p>5 Q. And how is that collection fee handled</p> <p>6 from a financial standpoint?</p> <p>7 A. That would be charged to the patient or</p> <p>8 the payer for the patient.</p> <p>9 Q. And once that comes in, how is that</p> <p>10 recorded or maintained by PPSWO?</p> <p>11 A. That would be part of the visit that the</p> <p>12 patient pays so it would show up in the patient fees.</p> <p>13 Q. Are you aware of any other fees that the</p> <p>14 patient would have to pay related to the STD</p> <p>15 Prevention Program?</p> <p>16 A. No.</p> <p>17 Q. And how are patient fees recorded?</p> <p>18 Where would that line item fall?</p> <p>19 MR. SCHOENFELD: Objection.</p> <p>20 THE WITNESS: Patient fees show up in</p> <p>21 the financial statements under patient services</p> <p>22 revenue. Each -- patient fees also have -- they also</p> <p>23 get coded to their department and program.</p> <p>24 By Ms. Richardson:</p> <p>25 Q. And so what department would the STD</p>

<p style="text-align: right;">Page 229</p> <p>1 Prevention Program fees be charged to?</p> <p>2 A. There aren't any fees for the STD</p> <p>3 Prevention Program.</p> <p>4 Q. I'm sorry, the \$10 collection fee.</p> <p>5 A. That would get coded to the -- to the</p> <p>6 health center that it was taken at.</p> <p>7 Q. So would the health center be the</p> <p>8 equivalent of the departments we talked about for</p> <p>9 education, there's an education department?</p> <p>10 A. Yes, the health centers are.</p> <p>11 Q. Would it receive a program code in</p> <p>12 addition to the department code?</p> <p>13 A. When you say "it", what do you mean?</p> <p>14 Q. We're talking now still about the \$10</p> <p>15 collection fee.</p> <p>16 A. A fee like that would not have a program</p> <p>17 code, that would just be a patient services revenue.</p> <p>18 Q. Again, tied to the specific health</p> <p>19 center where it was collected?</p> <p>20 A. Yes.</p> <p>21 Q. And I apologize if you already answered</p> <p>22 this, but for staff time spent in connection with the</p> <p>23 STD Prevention Program, would that receive a</p> <p>24 particular department code or program code?</p> <p>25 A. The staff time associated with the</p>	<p style="text-align: right;">Page 231</p> <p>1 Q. And so let's talk about what expenses</p> <p>2 that were associated with the program. I understand</p> <p>3 there were some changes recently that we'll talk</p> <p>4 about in a moment. Prior to those recent changes</p> <p>5 what expenses were associated with the HIV Prevention</p> <p>6 Program?</p> <p>7 A. Staff time.</p> <p>8 Q. I understand there was also rent of a</p> <p>9 building associated with that program?</p> <p>10 A. Yes, there was rent for the building the</p> <p>11 staff stayed at, or worked out of.</p> <p>12 Q. And a van or RV; is that correct?</p> <p>13 A. Yes.</p> <p>14 Q. What other expenses associated with that</p> <p>15 program?</p> <p>16 A. Testing supplies.</p> <p>17 Q. And how would those expenses be</p> <p>18 recorded?</p> <p>19 A. Those would also receive a program code</p> <p>20 and be coded to the education department.</p> <p>21 Q. With a specific program code for the HIV</p> <p>22 prevention?</p> <p>23 A. Yes.</p> <p>24 Q. And were there any revenues associated</p> <p>25 with the HIV Prevention Program?</p>
<p style="text-align: right;">Page 230</p> <p>1 program is -- is not categorized separately. Since</p> <p>2 there's no revenue we don't track the expense because</p> <p>3 there is no expense for it either besides the staff.</p> <p>4 Q. So there's no expense, no revenue, it's</p> <p>5 essentially a wash, is that fair?</p> <p>6 MR. SCHOENFELD: Objection.</p> <p>7 THE WITNESS: It's provided for the</p> <p>8 benefit of patients. And we get the supplies and the</p> <p>9 medications from the State.</p> <p>10 By Ms. Richardson:</p> <p>11 Q. Right. I understand, and so I'm focused</p> <p>12 just specifically on the financial documents and how</p> <p>13 these things are maintained from a financial</p> <p>14 accounting standpoint.</p> <p>15 So is it your testimony then that with</p> <p>16 respect to the STD Prevention Program there are no</p> <p>17 expenses that would be recorded and no revenues that</p> <p>18 would be recorded?</p> <p>19 A. Yeah, there's no money associated with</p> <p>20 it from the State.</p> <p>21 Q. Okay. And with respect to the HIV</p> <p>22 Prevention Program are there expenses associated with</p> <p>23 that program?</p> <p>24 A. There were expenses associated with that</p> <p>25 program.</p>	<p style="text-align: right;">Page 232</p> <p>1 A. There were the grant payments from the</p> <p>2 State and County.</p> <p>3 Q. Anything apart from the grant money that</p> <p>4 came in, any other revenues associated with this</p> <p>5 program?</p> <p>6 A. I believe there was funding from another</p> <p>7 smaller agency to cover Hepatitis-C testing for that</p> <p>8 program.</p> <p>9 Q. Do you know what agency that would have</p> <p>10 been?</p> <p>11 A. I cannot recall the name of it right</p> <p>12 now.</p> <p>13 Q. And my understanding is that the</p> <p>14 expenses associated with the HIV Prevention Program</p> <p>15 are also higher than the amount of money that came in</p> <p>16 through the grant fund; is that correct?</p> <p>17 A. It's correct that the education</p> <p>18 department as a whole has higher expenses than grant</p> <p>19 funds coming in.</p> <p>20 Q. And the HIV Prevention Program would</p> <p>21 have contributed to the net losses for the education</p> <p>22 department?</p> <p>23 A. Yes.</p> <p>24 Q. Do you know the amount of that</p> <p>25 contribution to the net losses?</p>

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1 A. I do not. It's the same scenario as the  
2 other grant funded programs.

3 Q. Are you familiar with the BCCP program?

4 A. Yes.

5 Q. And is your understanding that that  
6 refers to breast cancer and cervical cancer  
7 screening?

8 A. Breast and cervical cancer screening  
9 programs.

10 Q. Yes. Thank you. And we'll just call it  
11 BCCP, if that's okay.

12 A. That's fine with me.

13 Q. And can you tell me what expenses, if  
14 any, are related to the BCCP program?

15 A. That would just be staff time and  
16 supplies. I view the BCCP program as another payer,  
17 just like Medicaid or private insurer.

18 Q. And so is there any financial recording  
19 related to the BCCP program?

20 A. Yes. The BCCP program gets recorded --  
21 it gets a program code because it's a payer, and then  
22 it gets coded to the health center that the patient  
23 was seen at.

24 Q. Now, what about with respect to abortion  
25 services, how are those coded for financial recording

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1 department code which would be the surgery center,  
2 and then whatever the one program code is?

3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 Q. And with respect to any revenues that  
7 would come into PPSWO related to abortion services,  
8 how would those be coded?

9 A. Those would be coded by payer type and  
10 to the surgery center specifically.

11 Q. What do you mean by payer type?

12 A. If it's self-pay or commercial  
13 insurance.

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

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1 purposes?

2 A. Those are also coded to their own  
3 department and program.

4 Q. And what department -- how would that be  
5 reflected in terms of department?

6 A. The surgery center is considered its own  
7 department so it has its own department code, and the  
8 expenses for that would not be coded anywhere else,  
9 it would just be coded to that individual department.

10 Q. And you said there are also different  
11 program codes related to the surgery center; is that  
12 correct?

13 A. The surgery center has its own program  
14 code.

15 Q. And was there just one program code  
16 related to the surgery center, or would there be  
17 multiple program codes?

18 A. I believe there's only one program code  
19 in use right now.

20 Q. And what is that program code?

21 A. The program codes are just a three  
22 string digit, and I don't know many of them off the  
23 top of my head.

24 Q. And so a patient who comes in and  
25 receives abortion services would be coded with the

1 [REDACTED]

2 [REDACTED]

3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 Q. And I want to talk a little bit about

24 the overall fee structure. It's my understanding

25 that outside of some of the programs we have talked

<p style="text-align: right;">Page 237</p> <p>1 about where patients may receive free testing,  2 typically they are charged under a fee structure; is  3 that correct?  4 A. Patients have -- patients pay for the  5 services they receive, which comes from a fee  6 schedule.  7 Q. And can you describe to me how that fee  8 schedule works?  9 A. It's set up by service received or  10 service provided.  11 Q. And so would all patients receiving  12 particular services pay the same amount?  13 A. No, because patients have different  14 payers and different deductibles and different  15 co-pays.  16 Q. So let's start first with a self-pay,  17 someone who does not have insurance. How would that  18 patient be charged for services?  19 A. They would pay a cash price.  20 Q. And how is that cash price determined?  21 A. From the fee schedule.  22 Q. And is that fee schedule set forth in a  23 document somewhere or --  24 A. I know it's uploaded into our EHR, which  25 is our electronic health record system.</p>	<p style="text-align: right;">Page 239</p> <p>1 the same amount?  2 A. Do you mean every patient would receive  3 an annual exam and pay the same amount?  4 Q. Right.  5 A. That's correct.  6 Q. And same question with respect to  7 someone who comes in and receives an STD screening  8 outside of the scope of the STD Prevention Program  9 we've talked about.  10 Would all patients receiving that STD  11 screening pay the same amount for that charge?  12 A. All self-pay patients?  13 Q. Yes.  14 A. Yes.  15 Q. And is there a PPSWO set fee structure  16 for clients who have insurance, or would that all be  17 determined through a contract with the insurance?  18 A. That's all determined through the  19 contracts with insurance companies.  20 Q. And so these fees that would come into  21 PPSWO related to these services, would those be  22 recorded in the same manner as the fees you talked  23 about earlier?  24 A. Which fees do you mean?  25 Q. That was a horrible question, I</p>
<p style="text-align: right;">Page 238</p> <p>1 Q. Is that something we could --  2 MS. RICHARDSON: I'm going to direct  3 this question to counsel. Is that fee structure  4 something that we could be provided with so we don't  5 have to go through each item individually here?  6 MR. SCHOENFELD: I'm not sure it's  7 something you have requested previously. I  8 understand you to be making the request now. I'd  9 have to talk with my colleagues and client about  10 whether we can provide that.  11 MS. RICHARDSON: I do believe it's  12 included within the scope of the request that we have  13 made previously, but I am making that request again  14 and hopefully with the goal of not spending a ton of  15 the witness' time here to go through those.  16 MR. SCHOENFELD: I mean, I obviously  17 can't give you an answer right now, but I'll --  18 MS. RICHARDSON: Maybe we can talk about  19 that during a break to see if we can shorten some of  20 the testimony.  21 MR. SCHOENFELD: Sure.  22 By Ms. Richardson:  23 Q. So we have been talking about so far a  24 self-pay client. Would all clients receiving a  25 particular service pay the same amount or be charged</p>	<p style="text-align: right;">Page 240</p> <p>1 apologize.  2 So let's talk about STD screening for  3 example, outside of the context of the STD Prevention  4 Program. So a patient comes in, requests and  5 receives STD screening. We'll talk about a self-pay  6 patient first. The amount that the client pays PPSWO  7 for those services, how is that recorded?  8 A. That's recorded in the health care  9 record system, and then each month at the close it's  10 given its department program code, and entered into  11 the general ledger system.  12 Q. And would the department code again be  13 the location?  14 A. Yes.  15 Q. And what would the program code be, for  16 example, in the case of STD screenings outside of the  17 STD Prevention Program?  18 A. I don't know what that specific code  19 would be.  20 Q. But it would be given a particular code  21 that would help you identify that that was related to  22 STD screening?  23 A. That would be -- that would most likely  24 be captured in the EHR.  25 Q. Electronic health records?</p>

<p style="text-align: right;">Page 241</p> <p>1 A. Yes.</p> <p>2 Q. How do the electronic health records</p> <p>3 feed into or relate to your financial records?</p> <p>4 A. We use reports from the EHR system to</p> <p>5 create our closing journal entries in the general</p> <p>6 ledger system AccuFund.</p> <p>7 Q. And does the report that comes out</p> <p>8 through that system, does it have line items for each</p> <p>9 of the programs?</p> <p>10 A. When you say "programs", what are you --</p> <p>11 Q. So we have talked about these different</p> <p>12 program codes. Would it give you, for example, total</p> <p>13 revenues related to each of the program codes that</p> <p>14 have been entered?</p> <p>15 A. The EHR doesn't have programs, it's for</p> <p>16 patient care. The programs more refer to things like</p> <p>17 in the education department. In the reports that</p> <p>18 come out of the EHR it's specifying who the payer is</p> <p>19 or something like that.</p> <p>20 Q. And so for you as you're going in ready</p> <p>21 to create, say a financial record, presumably what</p> <p>22 you're interested in are the total revenues that</p> <p>23 would have come in through those patients; is that</p> <p>24 fair?</p> <p>25 A. Which patients are you referring to?</p>	<p style="text-align: right;">Page 243</p> <p>1 give you a moment to take a look at it. Have you</p> <p>2 seen that document before?</p> <p>3 THE WITNESS: Do I keep this one.</p> <p>4 MR. SCHOENFELD: Just put it to the</p> <p>5 side.</p> <p>6 THE WITNESS: Yes.</p> <p>7 By Ms. Richardson:</p> <p>8 Q. And have you seen this document prior to</p> <p>9 today?</p> <p>10 A. Yes, I have.</p> <p>11 Q. Do you understand these to be the</p> <p>12 responses that PPSWO provided to interrogatories that</p> <p>13 we sent in connection with this litigation?</p> <p>14 A. Yes, I do.</p> <p>15 Q. Were you involved in the preparation of</p> <p>16 these responses?</p> <p>17 A. Yes, I was.</p> <p>18 Q. What was your role?</p> <p>19 A. I helped answer any questions put forth</p> <p>20 to me by our counsel.</p> <p>21 MS. RICHARDSON: And I'm going to just</p> <p>22 take a moment and put on the record the agreement</p> <p>23 that we just reached on the break, that counsel will</p> <p>24 provide us Bates numbers for the audited financial</p> <p>25 statements for the five most recent fiscal years.</p>
<p style="text-align: right;">Page 242</p> <p>1 Q. So I understand that the electronic</p> <p>2 health records are tied to particular patients in the</p> <p>3 patient records. I'm trying to understand how you</p> <p>4 use that information to create financial records for</p> <p>5 PPSWO.</p> <p>6 A. We use monthly reports from the EHR that</p> <p>7 break down the payer type and the department or</p> <p>8 location where the patient was seen, and then make</p> <p>9 the journal entries based on that.</p> <p>10 So if a patient is seen at our Webster</p> <p>11 Hill center that has a location or department code</p> <p>12 and that feeds -- sorry, let me -- if a patient is</p> <p>13 seen at Western Hills, that shows up in the monthly</p> <p>14 report from the EHR in the totals for the patients</p> <p>15 seen there by payer type.</p> <p>16 And then that report is entered into</p> <p>17 AccuFund, and that's how we would create the revenues</p> <p>18 for -- not create, but record the revenues for that</p> <p>19 location.</p> <p>20 Q. Thank you. That's helpful. I</p> <p>21 appreciate that clarification.</p> <p>22 (Recess taken.)</p> <p>23 By Ms. Richardson:</p> <p>24 Q. Mr. Bower, I'm going to hand you what we</p> <p>25 have marked as Exhibit 2 to this deposition, and I'll</p>	<p style="text-align: right;">Page 244</p> <p>1 And what I'd like to do is just go</p> <p>2 through a couple of the interrogatories related to</p> <p>3 the finances and find out whether information would</p> <p>4 be included in those audited financial statements or</p> <p>5 in any other document that PPSWO maintains.</p> <p>6 By Ms. Richardson:</p> <p>7 Q. And so I'll direct your attention to</p> <p>8 Interrogatory No. 8 on Page 12.</p> <p>9 A. Okay.</p> <p>10 Q. And this asks for each fiscal year 2010</p> <p>11 through 2015 state PPSWO's total revenues. Is that</p> <p>12 information that would be included in those audited</p> <p>13 financial statements?</p> <p>14 A. Yes, that would be included.</p> <p>15 Q. And then with respect to Interrogatory</p> <p>16 No. 9, that asks to state the percentage of PPSWO's</p> <p>17 total revenues attributable to each of the programs</p> <p>18 identified in Revised Code 3701.034.</p> <p>19 Is that information that PPSWO would</p> <p>20 maintain in any financial record?</p> <p>21 A. Not as a percentage.</p> <p>22 Q. How would it record that information if</p> <p>23 not as a percentage?</p> <p>24 A. We would record it as revenue from the</p> <p>25 grant, and then we would also have our total revenue</p>

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1 somewhere else as part of the financial statement.

2 Q. And where would revenues from the grant  
3 be maintained?

4 A. When you say "maintained", what do you  
5 mean?

6 Q. Recorded. What document would provide  
7 that information?

8 A. The audited financials, I believe, have  
9 a footnote related to it.

10 Q. So the audited financial statements that  
11 counsel has represented have been provided and that  
12 they are going to provide Bates numbers for would  
13 include a breakdown of revenues related to each of  
14 the programs?

15 MR. SCHOENFELD: Objection.

16 THE WITNESS: I am not sure about some  
17 of the older audits, but in the most recent year,  
18 yes.

19 By Ms. Richardson:

20 Q. Thank you. And so then we'll move to  
21 Interrogatory No. 10, which asked for each fiscal  
22 year 2010 to 2015, describe the annual revenues,  
23 expenses and net income or losses attributable to  
24 each of the services you claim has been, is, or will  
25 be impacted by Section 3701.034. Did I read that

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1 Q. And is that set forth in the particular  
2 grants from ODH? In other words, who decides what  
3 can be charged to the grant?

4 A. When the grant is applied for, a grant  
5 budget is proposed and approved -- or I guess not  
6 approve -- by ODH, and then we are able to bill --  
7 bill ODH for expenses associated with those grants  
8 and we have to provide documentation to ODH for those  
9 expenses.

10 Q. And is there anywhere that you could  
11 look to see the actual expenses associated with any  
12 of these programs?

13 A. There is no place that I could find the  
14 expenses associated with a specific program that are  
15 not chargeable to that program. That only shows up  
16 in the full department's income statement.

17 Q. And so it would just show the total  
18 expenses related to the department?

19 A. Yes, that's correct.

20 Q. What about the next item listed here,  
21 net income or losses attributable to each of the  
22 services that you claim has been, is, or will be  
23 impacted by Section 3701.034?

24 A. That would be -- the net income would be  
25 just the -- net income is defined as revenue minus

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1 correctly?

2 A. Yes.

3 Q. And is that information that PPSWO would  
4 record in any financial document?

5 A. The annual revenues and expenses would  
6 show up on -- or are recorded in our general ledger  
7 and show up on the audited -- well, the revenues show  
8 up in the previously discussed audited financials,  
9 and the expenses show up in aggregate on those  
10 financials.

11 Q. Is there anywhere that PPSWO would  
12 maintain a breakdown of expenses related to the  
13 particular programs?

14 A. In the general ledger system.

15 Q. Is that a document that could be printed  
16 and provided?

17 A. The general ledger system generates  
18 reports that you can look at on the screen. They are  
19 exportable, but they are not a document that's ready.

20 Q. But if you took a look at that screen  
21 shot or on the screen it would give you a breakdown  
22 of the expenses related to the programs that we have  
23 talked about?

24 A. It would give you a breakdown of the  
25 expenses that we are allowed to charge to the grants.

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1 expenses; net loss is the same thing.

2 Again, those -- the -- the expenses that  
3 we're unable to charge to the grant we do not record  
4 for a specific grant, so that would just be -- that  
5 would show up as just part of the financial  
6 statement.

7 Q. It would be the overall operating losses  
8 or net losses for the program, is that fair?

9 A. No, for the department.

10 Q. The department. Thank you. And that  
11 number would be included in the audited financial  
12 statements?

13 A. I believe that number is broken out in  
14 each of the audited financial statements. Some of  
15 the older ones I'm not entirely sure it is.

16 Q. And then if we turn to Interrogatory No.  
17 11, it asks to state the percentage of your total  
18 revenues for each fiscal year from 2010 to 2015  
19 received by, on behalf of, or related to patients  
20 receiving abortion services. Is that a number that  
21 you would record in a financial document of PPSWO?

22 MR. SCHOENFELD: Objection.

23 THE WITNESS: Not as a percentage.

24 By Ms. Richardson:

25 Q. And is there a place where you would

<p style="text-align: right;">Page 249</p> <p>1 record the overall revenues attributed to abortion 2 services? 3 MR. SCHOENFELD: Objection. 4 THE WITNESS: Sorry, say that one more 5 time. 6 By Ms. Richardson: 7 Q. Sure. You said not as a percentage. 8 What do you mean by that? 9 A. We would just record the actual dollars 10 for abortion services. 11 Q. And where would that number appear? 12 A. That number would also show up in -- I'd 13 have to look at the financial statements broken out 14 from other patient services or not, but it has its 15 own department program code, so it would show up on 16 system reports as specific to the abortion department 17 or surgery department. 18 Q. And you believe that information is in 19 the audited financial statements? 20 MR. SCHOENFELD: I object to this whole 21 line of questioning as irrelevant to the case as set 22 forth in the interrogatory responses. 23 By Ms. Richardson: 24 Q. And you can answer. 25 A. Sorry, I forgot the question now.</p>	<p style="text-align: right;">Page 251</p> <p>1 you're ready. 2 A. Can I pull the staple out? 3 Q. Sure. 4 A. Okay. 5 Q. Have you seen this document before 6 today? 7 A. My name is on it. I don't recall seeing 8 it before today. 9 Q. And if we look at the front page which 10 is identified by the number down at the bottom 11 PPOH_0023946? 12 A. Yes. 13 Q. At the top of this page it looks like it 14 is an e-mail to you from Jerry Lawson; is that 15 correct? 16 A. Yes. 17 Q. And it says, "See questions below. Who 18 should be providing the answers," and it lists some 19 individuals as possibilities. 20 A. Uh-huh. 21 Q. Do you know whether there was an answer 22 provided to that question? 23 A. I do not know if there was an answer 24 provided to this question. 25 Q. And if you look at the subject line it</p>
<p style="text-align: right;">Page 250</p> <p>1 Q. Sure. I was asking you whether the 2 total revenues related to abortion services would be 3 included in the audited financial statements? 4 A. They would be included in the audited 5 financial statements. 6 Q. And what would that line item be called 7 in that financial document? 8 A. They may not have their own line item, 9 they could be included in patient services revenue, 10 but they are recorded separately. The categorization 11 for audited financial statements can vary sometimes 12 based on the needs of the users. 13 Q. And so if -- so would I be able to 14 identify specifically the amount of revenues 15 attributable to abortion services by looking at the 16 financial statements in the audited financial report? 17 A. I would have to look at the audited 18 financial reports to answer. 19 Q. But if they are not there, they are in 20 other financial statements that PPSWO maintains? 21 A. Yes. Other financial records. 22 Q. You can set Exhibit 2 -- I think we were 23 just looking at, you can set that aside and I'll ask 24 you to turn now to what we marked as Exhibit 6. Feel 25 free to take a moment and just let me know when</p>	<p style="text-align: right;">Page 252</p> <p>1 says, "Questions on PPSWO's participation in Federal 2 Programs"; is that correct? 3 A. Yes. 4 Q. And if you turn to the original e-mail 5 in the e-mail chain which is forwarded a couple of 6 times in this document, is it your understanding that 7 this sets forth a number of questions related to 8 potential impact -- well, let me ask you, do you have 9 an understanding as to what those questions relate 10 to? 11 A. I have an understanding of what some of 12 the questions relate to. I'd have to think about 13 some of them. 14 Q. And what's your understanding -- 15 A. That they relate to our effective -- the 16 effect on different -- our Planned Parenthood 17 affiliate from the defunding in 3701. 18 Q. And do you know whether answers were 19 ever provided to these questions? 20 MR. SCHOENFELD: Objection. 21 THE WITNESS: I can't recall. 22 By Ms. Richardson: 23 Q. Sitting here today do you know the 24 answers to any of these questions? 25 A. I would know the answer to some of these</p>

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1 questions.

2 Q. Which ones?

3 A. B1.

4 Q. It looks like there are two Bs here, one  
5 under --

6 A. Specifically to IPP.

13 Q. Do you also know the answer to the next  
14 question provided -- the next question under that  
15 section?

16 A. No, I don't.

17 Q. Any other questions that you know the  
18 answers to sitting here today?

19 A. No.

20 Q. Have you conducted or been involved in  
21 any overall financial analyses of the impact of the  
22 law that's challenged in this case?

23 A. Yes.

24 Q. What analyses have you conducted?

25 A. What the revenue loss would be.

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1 A. Yes.

2 Q. What other analyses did you conduct?

3 A. We looked at the cost for the grants.

4 Q. And what did you determine?

5 A. That the cost for the grants is the cost  
6 for the education department in general.

7 Q. What do you mean by that?

8 A. The education department has expenses  
9 and those are the costs to have the grants.

10 Q. Did you conduct any analysis of the  
11 overall net results of losing those revenues but also  
12 losing those costs?

13 MR. SCHOENFELD: Objection.

14 THE WITNESS: Since we hadn't determined  
15 a final plan we don't know what the actual net would  
16 be.

17 By Ms. Richardson:

18 Q. Do you have an estimate?

19 A. No, because the plan is still in flux.

20 Q. What plan are you referring to?

21 A. What the education department would look  
22 like in an unfunded environment.

23 Q. And you testified earlier that the costs  
24 associated with the programs at least in the  
25 education department exceeded any revenues that came

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1 Q. And what did you determine as a result  
2 of that analysis?

3 A. That we would lose all of the grant  
4 funding through the State.

5 Q. And did you also conduct an analysis of  
6 what savings would result from not operating those  
7 programs?

8 MR. SCHOENFELD: Objection.

9 THE WITNESS: I need to discuss with  
10 counsel about privileged information.

11 MS. RICHARDSON: You can consult with  
12 counsel to determine if it's privileged.

13 MR. SCHOENFELD: Sure, let's step  
14 outside.

15 (Recess taken.)

16 By Ms. Richardson:

17 Q. So, Mr. Bower, before the break I had  
18 asked you what financial analyses you had done to  
19 determine the impact on PPSWO of the law that's being  
20 challenged in case financially. And do you have an  
21 answer for that question?

22 A. Yeah, we looked at the revenue losses  
23 from the grants.

24 Q. Did you conduct any other financial  
25 analyses?

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1 in through the grants, correct?

2 A. Yes.

3 Q. And so losing the expenses associated  
4 with those programs would more than offset any loss  
5 in revenue, correct?

6 MR. SCHOENFELD: Objection.

7 THE WITNESS: I'm thinking. Again, not  
8 necessarily because we don't know the final plan for  
9 the education department.

10 By Ms. Richardson:

11 Q. But looking just specifically at those  
12 programs, the net impact would be a lessening of the  
13 operating losses for the education department,  
14 correct?

15 MR. SCHOENFELD: Objection.

16 THE WITNESS: No, because we don't know  
17 what the programs would look like or what the  
18 education department would look like absent State  
19 funding.

20 By Ms. Richardson:

21 Q. So what could possibly turn that into --  
22 what other things could impact that analysis that you  
23 would need to know in the final plan?

24 A. The staff of the education department,  
25 how it would exist going forward.

64 (Pages 253 to 256)



<p style="text-align: right;">Page 257</p> <p>1 Q. And so are there -- are there</p> <p>2 discussions of adding staff members, is that what you</p> <p>3 mean, or --</p> <p>4 A. There's discussions of how the education</p> <p>5 department will function going forward, not</p> <p>6 necessarily adding staff members.</p> <p>7 Q. Okay. So sitting here today you can't</p> <p>8 tell me what the net impact would be of not operating</p> <p>9 the particular programs under the education</p> <p>10 department that we have been discussing; is that</p> <p>11 correct?</p> <p>12 A. No, because we don't know what the</p> <p>13 education department will look like.</p> <p>14 Q. But you don't disagree that there were</p> <p>15 greater expenses associated with those programs than</p> <p>16 the grants brought in through revenues, correct?</p> <p>17 MR. SCHOENFELD: Objection. Asked and</p> <p>18 answered.</p> <p>19 THE WITNESS: Yeah, that's correct.</p> <p>20 By Ms. Richardson:</p> <p>21 Q. In the event that the law that's being</p> <p>22 challenged in this case goes into effect, PPSWO will</p> <p>23 continue to operate, correct?</p> <p>24 MR. SCHOENFELD: Objection.</p> <p>25 THE WITNESS: I believe so.</p>	<p style="text-align: right;">Page 259</p> <p>1 MS. RICHARDSON: If we can take just a</p> <p>2 quick break, I think I am close to being done.</p> <p>3 (Recess taken.)</p> <p>4 MS. RICHARDSON: Back on.</p> <p>5 By Ms. Richardson:</p> <p>6 Q. So we talked about the BCCP program.</p> <p>7 Does the BCCP voucher cover all costs associated with</p> <p>8 the services that a patient would receive?</p> <p>9 A. That's not really how we look at that,</p> <p>10 the services that we're providing. So that's not</p> <p>11 really a question I can answer.</p> <p>12 Q. So what is the value of the voucher?</p> <p>13 A. I don't actually know the specific</p> <p>14 reimbursements off the top of my head for BCCP</p> <p>15 services. It covers a few different things, and I</p> <p>16 don't know what it pays on specific services.</p> <p>17 Q. Do you know whether it covers -- whether</p> <p>18 the value is equal to the value, financially</p> <p>19 speaking, of those services?</p> <p>20 A. I haven't costed out our services this</p> <p>21 year on an individual level, so I'm not sure.</p> <p>22 Q. For the staff members who work in the</p> <p>23 family planning centers, how are their salaries paid?</p> <p>24 Does that come from a particular account or source?</p> <p>25 A. Their salaries are coded to their</p>
<p style="text-align: right;">Page 258</p> <p>1 By Ms. Richardson:</p> <p>2 Q. There are no plans sitting here today</p> <p>3 for PPSWO to close its doors in the event that this</p> <p>4 law takes effect, correct?</p> <p>5 A. Correct.</p> <p>6 Q. And PPSWO will still financially be able</p> <p>7 to provide STD screenings and breast and cervical</p> <p>8 cancer screenings going forward if this law takes</p> <p>9 effect, correct?</p> <p>10 A. We would not be able to provide</p> <p>11 screenings for patients who -- who otherwise</p> <p>12 qualified for free screenings. We will not be able</p> <p>13 to provide those.</p> <p>14 Q. But you will still provide STD</p> <p>15 screenings, correct?</p> <p>16 A. We will still provide STD screenings.</p> <p>17 Patients would be charged for them in every case.</p> <p>18 Q. And you'll still be able to provide</p> <p>19 breast and cervical cancer screenings?</p> <p>20 A. Yes, we would still provide breast and</p> <p>21 cervical cancer screenings.</p> <p>22 Q. And you will still provide abortion</p> <p>23 services, correct?</p> <p>24 A. We would still provide abortion</p> <p>25 services.</p>	<p style="text-align: right;">Page 260</p> <p>1 department, and it's paid through the payroll system.</p> <p>2 Q. Is any of the grant money that PPSWO</p> <p>3 receives used to cover the salaries of the staff</p> <p>4 members that work in the family planning centers?</p> <p>5 A. No, that would be coded to a separate</p> <p>6 department and program code.</p> <p>7 Q. It's my understanding that there are</p> <p>8 certain financial protocols in place to separate out</p> <p>9 money or financial information related to abortion</p> <p>10 services from other services that PPSWO provides; is</p> <p>11 that correct?</p> <p>12 A. Yes, that's just the coding system that</p> <p>13 we previously discussed.</p> <p>14 Q. Okay. So aside from that coding system</p> <p>15 is there any other system in place to separate out</p> <p>16 the financial information related to abortion</p> <p>17 services from other services?</p> <p>18 A. We have an annual audit performed to</p> <p>19 make sure that our financial statements are fairly</p> <p>20 presented, which presumes that they would check the</p> <p>21 accuracy of the coding between the different</p> <p>22 departments.</p> <p>23 Q. And would money that -- revenues that</p> <p>24 come in related to abortion services be maintained in</p> <p>25 a separate physical account, or would it just be</p>

<p style="text-align: right;">Page 261</p> <p>1 coded differently on the financial statements?</p> <p>2 A. It's coded differently on the financial</p> <p>3 statements.</p> <p>4 Q. But it would be maintained in the same</p> <p>5 general revenue account for PPSWO?</p> <p>6 A. No, there's not a general revenue</p> <p>7 account that exists.</p> <p>8 Q. Okay. So how -- would it be maintained</p> <p>9 together with other revenues that PPSWO receives?</p> <p>10 A. What do you mean maintained together</p> <p>11 with other revenues?</p> <p>12 Q. So the revenues that come into PPSWO</p> <p>13 related to abortion services, where are those held?</p> <p>14 A. Held? What do you mean "held"?</p> <p>15 Q. Do they go into a bank account?</p> <p>16 A. Yes, they go into a bank account.</p> <p>17 Q. And are revenues received from other</p> <p>18 services also kept in that same bank account?</p> <p>19 A. Before any money can go into the bank</p> <p>20 account it has to be coded to a general ledger</p> <p>21 account. But it is in one bank account.</p> <p>22 Q. And what about expenses related to the</p> <p>23 facility, the surgery facility, at which abortion</p> <p>24 services are provided, do expenses related to that</p> <p>25 building receive a different code?</p>	<p style="text-align: right;">Page 263</p> <p>1 separate way because that's part of a health care</p> <p>2 visit for a patient.</p> <p>3 By Ms. Richardson:</p> <p>4 Q. And so for example, if a patient came in</p> <p>5 with a BCCP voucher to receive breast and cervical</p> <p>6 cancer screenings, and while she was there it's</p> <p>7 determined that she's pregnant, she receives options</p> <p>8 counseling including the abortion option, would she</p> <p>9 receive just one code for that entire visit?</p> <p>10 A. When you say she received one code, what</p> <p>11 do you mean?</p> <p>12 Q. Would all the expenses and revenues and</p> <p>13 other financial information related to that visit be</p> <p>14 coded with one code?</p> <p>15 MR. SCHOENFELD: Objection.</p> <p>16 THE WITNESS: No, because there's</p> <p>17 multiple codes that can go into a visit depending on</p> <p>18 the payer and the center. I don't know that that's</p> <p>19 ever even happened, a BCCP patient receiving a</p> <p>20 pregnancy test.</p> <p>21 By Ms. Richardson:</p> <p>22 Q. And so if I ask you to assume that it</p> <p>23 has, and just follow me in my hypothetical, what</p> <p>24 would be the proper way from a financial standpoint</p> <p>25 to code that visit?</p>
<p style="text-align: right;">Page 262</p> <p>1 A. All the expenses for the surgical center</p> <p>2 would receive the surgery center department code and</p> <p>3 program code.</p> <p>4 Q. And apart from that coding that goes in</p> <p>5 from the general ledger, would there be any other</p> <p>6 protocols or procedures for keeping those expenses</p> <p>7 separate?</p> <p>8 A. When expenses or bills come in or staff</p> <p>9 is paid, someone is reviewing that to ensure that</p> <p>10 things are coded correctly before it is -- it's not</p> <p>11 coded automatically by the system, it's coded by</p> <p>12 someone who is knowledgeable in coding, so that it</p> <p>13 ensures that it is -- that expenses are coded to the</p> <p>14 proper department.</p> <p>15 Q. And who would conduct that review of the</p> <p>16 coding?</p> <p>17 A. It could be the payables person, the</p> <p>18 accountant, or myself. Yeah.</p> <p>19 Q. It's my understanding that under some</p> <p>20 circumstances staff or employees at the family</p> <p>21 planning centers would provide abortion or options</p> <p>22 counseling to patients. Under those circumstances</p> <p>23 how would that be coded?</p> <p>24 MR. SCHOENFELD: Objection.</p> <p>25 THE WITNESS: That wouldn't be coded any</p>	<p style="text-align: right;">Page 264</p> <p>1 MR. SCHOENFELD: Objection.</p> <p>2 THE WITNESS: That would just be a</p> <p>3 health care visit and we would report the revenue by</p> <p>4 payer and health center.</p> <p>5 By Ms. Richardson:</p> <p>6 Q. So returning again to the BCCP program,</p> <p>7 it's my understanding that the way that the program</p> <p>8 works is that an eligible patient would go to the</p> <p>9 BCCP eligibility center and would receive a referral</p> <p>10 to a particular service center. Is that your</p> <p>11 understanding?</p> <p>12 A. That's my understanding, yes.</p> <p>13 Q. And so that could mean that they would</p> <p>14 be referred to PPSWO, correct?</p> <p>15 A. Yes.</p> <p>16 Q. And that patient would bring in a</p> <p>17 voucher for that visit; is that correct?</p> <p>18 A. That's correct.</p> <p>19 Q. And then that voucher would be basically</p> <p>20 turned into ODH in exchange for money in return,</p> <p>21 correct, reimbursement?</p> <p>22 A. I think that that's correct.</p> <p>23 Q. And how would the money that comes in</p> <p>24 pursuant to that reimbursement be coded?</p> <p>25 A. That would be coded to the BCCP program</p>

<p style="text-align: right;">Page 265</p> <p>1 by health center.</p> <p>2 Q. And would that money then be used to</p> <p>3 help provide staff compensation, for example, in the</p> <p>4 family planning centers?</p> <p>5 A. That money would be fee for service</p> <p>6 money that would cover the services received by the</p> <p>7 patient.</p> <p>8 Q. And so what do you mean by that?</p> <p>9 A. When a patient receives health care</p> <p>10 there's a fee associated with it, so the</p> <p>11 reimbursement from ODH for the BCCP would be payment</p> <p>12 for services provided.</p> <p>13 Q. And so it directly offsets then the</p> <p>14 costs that would be associated with those services,</p> <p>15 am I understanding that correctly?</p> <p>16 A. No, that goes back to the cost</p> <p>17 calculation by service which we haven't done for last</p> <p>18 year.</p> <p>19 Q. So how do you know that the money that</p> <p>20 comes into that voucher isn't used for staff or other</p> <p>21 services unrelated to the particular services that</p> <p>22 the patient received?</p> <p>23 A. Because it can only be related to the</p> <p>24 services that the patient received because it was</p> <p>25 earned by seeing that patient.</p>	<p style="text-align: right;">Page 267</p> <p>1 A. Well, there's not a surplus because we</p> <p>2 operate at a loss.</p> <p>3 Q. With respect to the BCCP program</p> <p>4 specifically?</p> <p>5 A. With respect to our entire agency.</p> <p>6 Q. And so do you track to determine whether</p> <p>7 or not what portion of that loss is attributable to</p> <p>8 the BCCP program specifically?</p> <p>9 A. No.</p> <p>10 Q. And so it's possible then that money</p> <p>11 that comes in through this voucher is being applied</p> <p>12 to overhead?</p> <p>13 MR. SCHOENFELD: Objection. Asked and</p> <p>14 answered.</p> <p>15 THE WITNESS: I'm sorry, I guess I'm</p> <p>16 lost here. I'm not understanding the question, I</p> <p>17 guess.</p> <p>18 By Ms. Richardson:</p> <p>19 Q. So my question is -- and I think we</p> <p>20 agreed up to the point where we said if there is a</p> <p>21 surplus -- if the amount coming into the voucher</p> <p>22 exceeds the cost of the services, there would be a</p> <p>23 surplus that would go to general overhead or</p> <p>24 operating; is that fair?</p> <p>25 A. If there was operating income for a</p>
<p style="text-align: right;">Page 266</p> <p>1 Q. And so I apologize, I think I'm just</p> <p>2 getting confused, because I thought you said you</p> <p>3 don't track the particular costs associated with</p> <p>4 those services, correct?</p> <p>5 A. Yes.</p> <p>6 Q. So if the value of the voucher exceeds</p> <p>7 the cost of the service, then that would be a surplus</p> <p>8 that could go towards other things, correct?</p> <p>9 A. Yeah, that could go toward -- if there</p> <p>10 was a surplus, that could go towards overhead.</p> <p>11 Q. And so how do you know that that's not</p> <p>12 happening if you're not tracking the cost of the</p> <p>13 services?</p> <p>14 A. That's how revenue is supposed to work;</p> <p>15 it covers overhead, management in general,</p> <p>16 administration for providing services and support</p> <p>17 staff for those services. That is what's supposed to</p> <p>18 happen with revenue.</p> <p>19 Q. So the voucher -- the revenue that comes</p> <p>20 in through the voucher then would apply towards</p> <p>21 overhead, correct?</p> <p>22 A. It can if there's enough of it.</p> <p>23 Q. And if you don't track the costs there's</p> <p>24 no way to know whether there's a surplus or not,</p> <p>25 correct?</p>	<p style="text-align: right;">Page 268</p> <p>1 health center in general, it would go to covering the</p> <p>2 health center's overhead.</p> <p>3 Q. And so clearly, overhead gets paid</p> <p>4 presumably, right?</p> <p>5 MR. SCHOENFELD: Objection.</p> <p>6 THE WITNESS: When you say "gets paid",</p> <p>7 what do you mean?</p> <p>8 By Ms. Richardson:</p> <p>9 Q. Does PPSWO pay its rent for these</p> <p>10 facilities?</p> <p>11 A. Rent for a health center is not</p> <p>12 overhead. Overhead is general administrative, it's</p> <p>13 IT support, stuff like that.</p> <p>14 Q. And presumably you pay for your IT</p> <p>15 support?</p> <p>16 A. Yes.</p> <p>17 Q. And rent, however it's categorized, you</p> <p>18 would pay presumably?</p> <p>19 A. Yes.</p> <p>20 Q. And staff member compensation?</p> <p>21 A. Uh-huh.</p> <p>22 Q. And all of these other things that you</p> <p>23 have to pay in order to stay in business, presumably</p> <p>24 those get paid?</p> <p>25 A. Yes.</p>

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1 Q. So my question is in part, how do those  
2 get paid? Where do those come from?

3 A. Covering overhead is the result of  
4 having operating income at a health center.

5 Q. So the health center has an overall  
6 income, and you use that income to pay for the  
7 various expenses we have talked about; is that fair?

8 A. Yes.

9 Q. What if one health center had an  
10 operating income and another one had an operating  
11 loss?

12 MR. SCHOENFELD: Objection.

13 THE WITNESS: Then the health center  
14 that had an operating loss would be covered by  
15 general funds.

16 By Ms. Richardson:

17 Q. And how are those general funds coded or  
18 maintained?

19 A. The funds that come in that would cover  
20 that would be the -- when I say "general funds", I  
21 mean things like development and other revenue  
22 generating departments. Can you restate that  
23 somehow?

24 Q. So we started by talking about BCCP,  
25 money comes in pursuant to that voucher program.

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1 the court has ordered, and under the existing  
2 protective order that the court put in place that  
3 three days is the appropriate time, and we'll make  
4 any appropriate objections after reviewing the  
5 transcript.

6 (Thereupon, the deposition concluded  
7 at 5:51 p.m. Signature not waived.)  
8 ---  
9

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1 A. Yes.

2 Q. And I'm just trying to sort of  
3 understand the life cycle of that money. Where does  
4 it go and how is it recorded?

5 A. So that money would be recorded to its  
6 health center, and then expenses for the health  
7 center would be paid from that money along with other  
8 money that the health center is generating. Anything  
9 left would go towards overhead for Planned  
10 Parenthood.

11 Q. And so the revenues that come in through  
12 that voucher program could contribute to the overall  
13 operating revenues for that center, correct?

14 A. Yes.

15 MS. RICHARDSON: I think those are all  
16 of the questions that I have subject to any redirect.

17 MR. SCHOENFELD: No, none here. I'll  
18 designate the entire transcript confidential until  
19 three days after we receive the final version from  
20 the Court Reporter, and the designation will stay  
21 binding until that point in time and we'll designate  
22 in the interim.

23 MS. RICHARDSON: And we would just state  
24 for the record we do object to the designation as  
25 confidential, but we would agree that that is what

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1 State of Ohio :  
2 : SS:  
3 County of :  
4

5 We, Jerry Lawson and Lee Bower, do  
6 hereby certify that we have read the foregoing  
7 transcript of our deposition given on Wednesday, July  
8 6th, 2016; that together with the correction page  
9 attached hereto noting changes in form or substance,  
10 if any, it is true and correct.  
11  
12

13 \_\_\_\_\_  
14 Jerry Lawson  
15

16 \_\_\_\_\_  
17 Lee Bower  
18

19 I do hereby certify that the foregoing  
20 transcript of the deposition of Jerry Lawson and Lee  
21 Bower was submitted to the witness for reading and  
22 signing; that after they had stated to the  
23 undersigned Notary Public that they had read and  
24 examined their deposition, they signed the same in my  
25 presence on the \_\_\_\_ day of \_\_\_\_\_, 2016.

18 \_\_\_\_\_  
19 Notary Public  
20

21 My commission expires \_\_\_\_\_, \_\_\_\_\_.  
22 ---  
23  
24  
25

CERTIFICATE

State of Ohio :  
: SS:

County of Fairfield :

I, Valerie J. Grubaugh, Registered Merit Reporter and Notary Public in and for the State of Ohio, duly commissioned and qualified, certify that the within named Jerry Lawson and Lee Bower were by me duly sworn to testify to the whole truth in the cause aforesaid; that the testimony was taken down by me in stenotype in the presence of said witnesses, afterwards transcribed upon a computer; that the foregoing is a true and correct transcript of the testimony given by said witnesses taken at the time and place in the foregoing caption specified and completed without adjournment

I certify that I am not a relative, employee, or attorney of any of the parties hereto, or of any attorney or counsel employed by the parties, or financially interested in the action

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Columbus, Ohio, on this 8th day of July, 2016

\_\_\_\_\_  
Valerie J. Grubaugh,  
Registered Merit Reporter  
and Notary Public in and for  
the State of Ohio

My commission expires August 16, 2016